

Family Guidance Center Consent Agreement Form

The Staff at Family Guidance Center is dedicated to providing the highest quality service to our clients and their families. In doing so, we want to educate you regarding your rights and responsibilities.

By signing this Consent Agreement Form, you acknowledge that you have read and understand the consents provided to you.

I have read, I acknowledge and I agree to adhere to the following policies:

- | | |
|---|----------------------------|
| <input type="checkbox"/> Attendance/Discharge Policy | Form 4-MH (Revised 3/18) |
| <input type="checkbox"/> Notice of Privacy Practices | Form 19-MH (Revised 8/17) |
| <input type="checkbox"/> Consent to Treatment Rights and Responsibilities Policy | Form 37-MH (Revised 8/17) |
| <input type="checkbox"/> Financial Obligation Policy /Agreement | Form 126-MH (Orig. 3/20) |
| <input type="checkbox"/> Telehealth Program | Form 131-TP (Revised 7/20) |
| <input type="checkbox"/> Community Resources (to utilize in my recovery efforts) | Form 98-S (Revised 10/19) |

I do give authorization to notify my Primary Care Physician of my admission in effort to coordinate care. (Completed Release Required)

I do not give authorization to notify my Primary Care Physician.

Client's Name (Please Print)

Client's Signature

Date

Parent/Legal Guardian Signature/For Clients under 14

Date

Witness's Signature

Date