**Acknowledgement of receipt and understanding of policies and procedures**

Client Name:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, client/parent/legal guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received the material listed below and understand that as a participant in this program, I am responsible for reviewing all information presented to me in order to understand my responsibilities as well as the agency’s responsibilities in this program.

**Transportation**

I give permission to OSAT contractor to transport client/parent/legal guardian in their private vehicle. OSAT will not be held for any liability what so ever should the child or I become ill or injured

in anyway while under the supervision of said contractor.

**Patient Handbook**

I have received the Patient Handbook and understand as a participant in this program, I am responsible for reviewing all information in the Patient Handbook in order to understand my responsibilities as well as the agency’s responsibilities in this program.

**Consent for Follow up Survey**

I give my permission to OSAT Counseling Services to contact me by phone/mail/in person for the purpose of evaluation of treatment progress, client satisfaction, and other information as deemed necessary by the staff in order to enhance the quality of care.

**HIPPA Notice**

I have received the HIPPA Notice and understand as a participant in this program, I am responsible for reviewing all information in the HIPPA Notice in order to understand my responsibilities as well as the agency’s responsibilities in this program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature Date