



North Academy Corp.

Receipt of Received Required Documentation

Recipient: _____ **Medicaid #:** _____

I, _____ was explained/have received a copy of the following documentation from the North Academy Corp. Representative.

- Behavior Services Agreement, Client Rights and Responsibilities (3)
- Emergency Demographic Information (2)
- Privacy for Information Policies (3)
- Request of Information Authorizations Forms
- Release of Information Authorizations Forms
- Grievance Policy and the Appropriate Form
- Promise of Privacy (HIPPA) and Consent to Client Records (11)
- Report Medicaid Fraud
- Report the Abuse/Neglect/Exploitation
- Behavior Analysis Support Plan Consent
- Individual Treatment Consent
- Agreed upon Service Time
- Consent for Media Recording
- Consumer's Consent to Service
- Medication Log
- Survey

Signature: _____

Date: _____