ORIENTATION tO treatment

|  |  |  |  |
| --- | --- | --- | --- |
| NAME [Patient Name] | DOB [DOB] | AGE [age] | DATE [date | time] |

## I have received the Client Handbook and the following information forms:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  After Hours Instructions[ ]  **How To File a Complaint**[ ]  Privacy Notice[ ]  Notice of Patient Rights |  |  |  |

**I am responsible for reading the content described within the above mentioned procedures and policies. I agree to abide by the policies and procedures contained therein. I understand that the policies may change at any time.**

**If I have any questions regarding the content or interpretation of these policies, I will bring them to the attention of Elizabeth A. Holmes-Coutracos, LMHC**.

Direct all correspondence to: \_\_\_ [Comments] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE 3/1/2018

Signed by: [ ] client [ ]  guardian [ ] personal Representative

Witnessed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE 3/1/2018