



INFORMED CONSENT

As a client with TriCity Family Services we are asking that you read the information in the documents listed below. If you have questions about any of the information please ask the Registration Coordinator or your Therapist. If you understand the information please sign on the line indicating that you have read and understand the information.

CLIENT INFORMATION CARD

STATEMENT OF CLIENT RIGHTS

HIPAA NOTICE OF PRIVACY PRACTICES

FEE SCHEDULE

CLIENT FEE AGREEMENT

CONSENT TO TREATMENT

NOTIFICATION TO PATIENT OF DESIRABILITY OF CONFERRING WITH PCP

RESTRICTIVE BEHAVIOR SUPPORT INTERVENTIONS POLICY

I have read the above policies and understand their contents. I have received a copy of these policies.

Client Signature

Date

Parent or Guardian Signature

Date

I believe the client/guardian understood their client rights.

Therapist Signature

Date