

Client Name: _____

CLIENT ACKNOWLEDGMENT FORM

OUTPATIENT PROGRAM

1. _____ Explanation of cost of services.
2. _____ Patient Rights. HSS 61.12
3. _____ Grievance procedure HSS 61.12
4. _____ Procedures in releasing or obtaining treatment information.
5. _____ Informed Consent Agreement.

I hereby acknowledge that a staff member has explained orally/written all the above information in a satisfactory manner.

Signature

Date