Northland Counseling Services

Client Name:_____

CLIENT ACKNOWLEDGMENT FORM
OUTPATIENT PROGRAM

1._____Explanation of cost of services

2._____Patient Rights DHS 94.02

3._____Grievance procedure DHS 94.02

4._____Procedures in releasing or obtaining treatment information

5._____Informed Consent Agreement

_____ _____

Client Signature Date Witness Date

_____

Parent/Guardian Date