

Family Guidance Center Consent Agreement Form

The Staff at Family Guidance Center is dedicated to providing the highest quality service to our clients and their families. In doing so, we want to educate you regarding your rights and responsibilities. By signing this Consent Agreement Form, you acknowledge that you have read and understand the consents given to you.

- I acknowledge and agree to adhere to the Attendance/Discharge Policy to the best of my ability. Form 4-MH (Revised 8/17)

- I acknowledge that I have received a copy of Notice of Privacy Practices.
Form 19-MH (Revised 8/17)

- I acknowledge and agree to adhere to the Client's Consent to Treatment Rights and Responsibilities Policy to the best of my ability. I hereby consent to have treatment provided to me. Form 37-MH (Revised 8/17)

- I have received a list of Community Resources to utilize in my recovery efforts. Form 98-S (Revised 8/17)

Coordination of care has been explained and:

- I do give authorization** to send my medical records to my Primary Care Physician
(Completed Release Required)

- I do not give authorization** to send my medical records to my Primary Care Physician.

Client's Name (Please Print)

Client's Signature

Date

Parent/Legal Guardian Signature/For Clients under 14

Date

Witness's Signature

Date