

CHEMICAL DEPENDENCY PROGRAM

CONSENT TO TREATMENT AND ACKNOWLEDGEMENT STATEMENT

- I hereby consent to chemical dependency treatment at Psych and Psych Services. Treatment may consist of assessment, outpatient counseling, intensive outpatient services, group counseling, family counseling, case management services, crisis intervention, and urine drug screening if applicable. If at any time you have questions about services recommended by you therapist, we urge you to discuss these with your therapist.

- I acknowledge that I have received the following:
 1. Copy of my rights and responsibilities as a client
 2. Copy of the client grievance procedures
 3. Copy of the confidentiality laws 42 CFR
 4. Copy of notice of privacy practices per local ADAS board
 5. Copy of information on the exposure to and transmission of Tuberculosis, Hepatitis B & C, and HIV

Signature of Client

Date

Signature of Guardian (if applicable)

Date

Signature of Witness

Date