

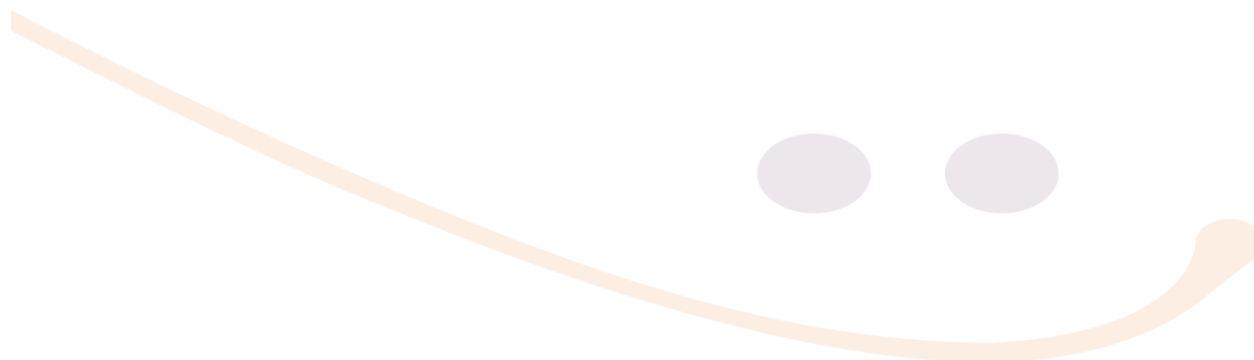


## Client Handbook Signature Sheet

By signing below, I confirm that I have reviewed my Client Rights as outlined in the Patient Handbook which includes My Rights, the agency's Grievance Policy, the procedure to obtain copies of my medical records, Crisis Coverage and Access information, and Notice of Privacy Practices.

Patient (printed name): \_\_\_\_\_ DOB: \_\_\_\_\_

Patient\Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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