

By signing this form, I certify that my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has discussed the content of the Handbook with me, including HIPPA, Consent for Treatment, Client’s Right, Grievance procedures, Confidentiality, and copy of this Handbook that has been given to me.

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Parents/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

OPCS Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_