





9. **General Information.** You will be provided with a list of contact names and numbers in the event you have any questions or concerns or should an emergency arise.

Your signature and /or your representative's signature below indicate that you and/or your representative have read, understand and are in agreement with the terms and conditions of this agreement, including the following:

- You have read this agreement and agree to its terms
- You acknowledge that you have received a copy of the HIPAA Privacy Policy and Clients Rights and Responsibilities documents and have had the opportunity to ask any questions pertain to the contents
- You have reviewed the Client Handbook and understand its contents
- You have had the opportunity to ask any questions that you may have related to this agreement

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(if client under 18-years-old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date