

3315 University Drive, Building #69 Bismarck, North Dakota 58504 701.255.3285 | www.uttc.edu

Signature of Consent

Consent for Services Policy

By signing this Consent for Services Statement as the client or Parent/Guardian of Client, I acknowledge that I have been provided a copy of the Consent for Services Policy. I have had the opportunity read the contents or to have the contents of this document explained to me. I understand, and I agree to the terms and conditions contained in this document. I have been given the opportunity to have my questions answered or to request clarification for anything that is unclear to me. I am voluntarily agreeing to receive treatment and/or services for myself (or my child) and I understand that I may stop such treatment or services at any time.

Social Media Policy

By signing this Social Media Statement as the client or Parent/Guardian of Client, I acknowledge that I have been provided a copy of the Social Media Policy. I have had the opportunity read the contents or to have the contents of this document explained to me. I understand, and I agree to the terms and conditions contained in this document. I have been given the opportunity to have my questions answered or to request clarification for anything that is unclear to me. I am voluntarily agreeing to adhere to the Social Media policy.

Notice of Privacy

By signing this Notice of Privacy, I acknowledge that I have been provided a copy of the Notice of Privacy Practices which tells me how we may use or disclose protected health information. I have had the opportunity read the contents or to have the contents of this document explained to me. I understand, and I agree to the terms and conditions contained in this document. I have been given the opportunity to have my questions answered or to request clarification for anything that is unclear to me. I am voluntarily agreeing to the Notice of Privacy Practices.

Rights & Responsibilities and Grievance Process

The Rights and Responsibilities statement indicates what my rights and responsibilities are as a client of Lewis Goodhouse Wellness Center and how to voice grievances. By signing, I acknowledge that I have been provided a copy of the Rights and Responsibilities and Grievance Process. I have had the opportunity read the contents or to have the contents of this document explained to me. I understand, and I agree to the terms and conditions contained in this document. I have been given the opportunity to have my questions answered or to request clarification for anything that is unclear to me. I am voluntarily agreeing to the Rights and Responsibilities and the Grievance Process.

By signing below, I agree that I have been offered a copy of the above of and I agree to comply with all of these policies unless otherwise noted by	·
Signature of Client/Guardian for Permission	Date