

McLaren Print System Order

Order No: 55211 Order Date: 2020-07-07 User: Denise Maginity Phone: 810-342-5470

Ship Location: BARIATRIC & METABOLIC INSTITUTE/BEECH HILL CENTRE G-3200 Beecher Road, MBI Flint, MI 48532

Forms Quantity: 100 Paragon Dept No: 36810 Dept Name: BARIATRIC & METABOLIC INSTITUTE Company Number: 60

Order Total Price: 12.05

Item Number: M-18003 Item Description: Recipient Rights - Consent to Treatment - Client Confidentiality - Agreement for Admission Revision Date: 7/2013 Print: 1 sided black and white Paper: 2 Part (White, Yellow) Size: 8.5 x 11 Fold: Finish: Drill: 5 Hole Top Misc Info:

NcLaren Bariatric & Metabolic Inatitute Recipient Rights-Consent to Treatment - Client Confidentiality-Agreement for Admission

I understand that I have rights as a recipient of service, including confidentiality of my records.

I consent to mential health treatment and/or substance abuse treatment as recommended by my through. I understand I will participate in the development of my treatment plan and that I am tree to withdraw my content and document water and any time.

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Pederal law and regulations. Generally, the program may not say to a person subside the program that a patient atlands the program, or disclose any information identifying a patient as an alcohol or drug abuset.

Ecommunication with family, employer, legal services, etc., is expected, a release of information is required. No information regarding your breatment is ever given without your written permission, except when state law requires disclosure or in the threatening emergencies.

No physical vicience, verbal abuse, carrying a weapon, or engaging in llegal acts is allowed on the premises. Persons who are vicient while all the clinic may be subject to prosecution for assault or other criminal charges and may be terminated from the program.

Visiation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program, as well as about any threat to commit such a crime.

Federal law and regulations do not protect any information about surpected child abuse or neglect from being reported under State law and appropriate State or local authorities.

Regular appointments will be scheduled, and al least 24 hours notice is expected when appointments cannot be lest. If cancellation notice is not received prior to the scheduled appointment, a \$45.00 fee may be charged at the discretion of the psychologist. Failure to attend scheduled sessions may result in termination from the program.

I have need this agreement. I had the opportunity to ask questions which have been answered to my satisfaction. I understand and agree to the conditions specified herein and have been given a copy of this signed agreement.

Spec Info:

Chert or Legal Guardian Signature Date
Therapier's Signature Date

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