

RIGHTS AND RESPONSIBILITIES

I have received a copy of the “Rights and Responsibilities” document outlining Vantage Point Behavioral Health services, policies, and client’s rights and responsibilities for its outpatient mental health clinic. I understand what I read, and agree to follow these procedures, which include (please initial on the line):

RIGHTS

Treatment

I may revoke my consent for treatment at any time

Confidentiality

Privacy

Advance Directive

Working together with Primary Care Physician

Suggestions, recommendations, and complaints

Signature of Client/legal guardian for clients under 16

Signature of Provider

RESPONSIBILITIES

Payment for Services (if required) _____

Cancellation for appointments _____

Changes in personal information _____

Waiting room policies _____

Personal property _____

Sign in and out _____

Medication Disclaimer _____

Date

Date