

**Center for Positive Change, Inc.**  
*Acknowledgement of Receipt of Consumer Handbook*

Consumer Name: \_\_\_\_\_ Consumer ID#: \_\_\_\_\_

By initialing the following headings found in your consumer handbook, you verify that you received, understand, and agree to abide by the terms and conditions found in each section throughout the course of your treatment with CPC.

- \_\_\_\_\_ I. Mission, Philosophy, and Values
- \_\_\_\_\_ II. Office information
- \_\_\_\_\_ III. Code of Ethics
- \_\_\_\_\_ IV. Consumer Rights
- \_\_\_\_\_ V. Confidentiality, HIPPA, and 42CFR
- \_\_\_\_\_ VI. Grievance Policy and Procedure
- \_\_\_\_\_ VII. Consumer Orientation, including expectations, discharging, and transitioning from services
- \_\_\_\_\_ VIII. Financial Policy
- \_\_\_\_\_ IX. Health and Safety, including TB/HIV/AIDS/STI education

\_\_\_\_\_ Initials acknowledge that the consumer participated in a face-to-face (check one): Biopsychosocial or Client Assessment Record.

Does CPC have your permission to contact you, the consumer, (by phone, mail, or email) regarding your status and to answer some questions concerning satisfaction of services received upon termination of services?      Please initial a choice.      Yes      No

I understand that if I have granted permission for CPC to contact me after services are terminated that I can revoke this consent at any time by giving written notice to CPC or by refusing to participate in any follow-up questionnaire. Follow-up is the same for all persons served regardless of referral status.

Center for Positive Change, Inc. (CPC) is a fee for service provider. I understand that it is the responsibility of the consumer to provide CPC with updated and accurate information, including most current insurance information. Any outstanding balances such as co payments and/or deductibles are due at the time of service. I understand that the consumer is responsible for any charges not covered by the benefits of insurance or healthcare coverage. I understand that by signing below, I (the consumer) am authorizing CPC to submit claims for benefits on my behalf and am authorizing the release of any information relating to claim submission for services rendered.

I, the consumer, acknowledge that I have received a copy of the Consumer Handbook which has been communicated to me in a meaningful way. I, the consumer, have read and understand this document in its entirety and further certify that I agree to the terms and provisions stated herein. I, the consumer, acknowledge that I have been advised of the right to an advance directive and the right to a treatment advocate. I further understand that these policies may change from time to time and every effort will be made to communicate significant changes to consumers.

\_\_\_\_\_  
Consumer/Client Signature *(required if 14yrs or older)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature/Credentials

\_\_\_\_\_  
Date