



## Behavioral Health Services Orientation

Client Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ DOB: \_\_\_\_\_

If you have questions about any of the documents you receive today, please ask us!

Initials	Orientation to Child Focus Part I
	<p>I am aware that the Client Handbook is on the Child Focus website in the "Mental Health" and then "Registration and Fees" section. I understand I may request a paper copy of this handbook at any time and this will be provided free of charge.</p> <p>I am aware that the Client Handbook contains:</p> <ul style="list-style-type: none"> <li>• Client Rights</li> <li>• Client Responsibilities</li> <li>• Explanation of Available Services</li> <li>• Agency Ethical Standards</li> <li>• Privacy Practices</li> <li>• Client Grievance Policy and Procedure</li> </ul>
	I understand that I may be contacted by telephone or e-mail during and after services as part of CFI's quality improvement efforts. If you do not wish to be contacted write NO in the space provided
	I understand that Child Focus facilities are smoke-free and drug free. Legal drugs such as over-the-counter medication, vitamins or herbs may not be brought onto the grounds of Child Focus due to the possibility of misuse and/or sharing among clients. Alcohol may not be brought onto premises of Child Focus.
	I understand that <b>no weapon of any kind is permitted</b> in the facilities or on the grounds of Child Focus, regardless of any permit held by an individual.
	I understand that parents/guardians are expected to actively participate in their child's treatment.
	I understand it is my responsibility to notify Child Focus of any address or phone number changes.
	Medicaid recipients: I have received a Financial Responsibility Notice.

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date