

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

**Child Focus, Inc.**  
**Behavioral Health Services**

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

Initials	Orientation to Child Focus, Inc. Part I
	<p>I am aware that the Client Handbook is on the Child Focus, Inc. 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>
	<p>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 _____</p>
	<p>I understand that Child Focus, Inc. 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, Inc. due to the possibility of misuse and/or sharing among clients. Alcohol may not be brought onto premises of Child Focus, Inc.</p>
	<p>I understand that <b>no weapon of any kind is permitted</b> in the facilities or on the grounds of Child Focus, Inc., regardless of any permit held by an individual.</p>
	<p>I understand that parents/guardians are expected to actively participate in their child’s treatment.</p>
	<p>I understand it is my responsibility to notify Child Focus, Inc. of any address or phone number changes.</p>
	<p>Medicaid recipients: I have received a Financial Responsibility Notice.</p>

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date