Receipt of Client Handbook Acknowledgement

Client Name:	Client D.O.B. or ID#:
Legal Guardian Name:	**Relationship to Client**

By signing below, I am acknowledging that I received a Client Handbook which I was oriented to and includes information about:

- FFF Locations and Hours of Operation;
- A description of the services to be provided;
- Client safety;
- Notice of Privacy Practices;
- Basic HIV/AIDS Education
- Contact Information;
- Applicable fees, if any;
- Information on client rights and responsibilities including rules;
- Client satisfaction and grievance procedures.
- General information regarding infection control policies and procedures

I understand that I can contact Families First of Florida (FFF) with any questions or input and can request additional information at any time if needed.

Financial Acknowledgement

I have read and understand the financial policy as described in the Client Handbook. I agree to pay, promptly and in full, any amounts due, including co-payments, deductibles, and amounts due for non-covered or services that are not payable by my insurance.

Consent for Treatment

I hereby authorize Families First of Florida, as the outpatient mental health agency for the above-named client, to provide assessments and necessary treatment to include individual, group, and family counseling, case management, and substance abuse services, including drug screens, by the appropriate professional and in accordance with the client's treatment plan.

In addition, I authorize Families First of Florida to provide psychiatric evaluations, medication management and outpatient therapy in accordance with the program guidelines and requirements subject to the limitations set forth in Florida Statutes including telemedicine services.

For children placed within Families First of Florida's licensed foster care homes, I understand I will need to assist Families First of Florida in obtaining a Medication Consent and agree to cooperate fully with treatment and physician recommendations.

By signing below, I attest that I have been given information regarding, and understand, the reason for admission, diagnosis, and planned course of treatment, alternatives, risks, and prognosis.

I am providing this consent to treatment voluntarily and understand that I have the right to withdraw from treatment at any time either orally or in writing.

Client Signature Date

Legal Guardian Signature Date

Telephone Number *(813) 290-8560 (Choose Your Service Center Accordingly)*
Fax Numbers *● Lakeland (863) 583-0392 ●Ocala (352)354-9166*
● Orlando (407) 386-7429 ● Panama City (850) 290-7442 ● Tampa (813) 354-2416 ● Tallahassee (850) 290-7442
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