

Client Name: _____

KBH ID: _____



Receipt of Orientation Manual

I (Client's Name- Printed) _____

have received a copy of the Kennebec Behavioral Health's Orientation Guidelines, Agreement to Use and Pay for Services, Rights of Recipients of Mental Health Services, Infection Control Policy and a Description of KBH's Programs and Services.

Client/Responsible Party's Signature

Date

Witness

.....
Client statement of understanding for payment of services

When you sign your name below (*this section*), you agree to these statements:

- I agree to pay for the services I or my child receives.
- If I wish to use health insurance to help pay for services, I give permission to Kennebec Behavioral Health to talk with my insurance company.
- If the person that is insured (the guarantor) is someone other than me, I know that the bills for services and possibly insurance information will be sent to the guarantor.
- Insurance will be paid directly to Kennebec Behavioral Health.
- If I do not have insurance or do not agree to use it, I will pay for services according to the Kennebec Behavioral Health Fee Schedule.
- Fees may change over time. If they change, Kennebec Behavioral Health will let me know in advance.

I wish to use insurance [] Yes [] No

I understand and agree to the 6 statements above []

Client/Responsible Party's Signature

Date

Witness

Date

.....
Consent to Treatment

When you sign your name below (*this section*), you agree to these statements:

- I freely give my consent for staff members at Kennebec Behavioral Health to provide treatment to the client named.

- I know that the practice of mental health/substance abuse treatment is not an exact science.
- Kennebec Behavioral Health does not guarantee results of treatment.

Client/Responsible Party's Signature

Date

Witness

Date