



**Behavioral Health
Orientation to Treatment Information**

I have received the following information:

- After Hours Instruction**
- Informed Consent**
- CHC Notice of Privacy Practices**
- CHC Patient Responsibilities and Code of Conduct**
- CHC Patient Rights**
- Commonwealth of Massachusetts Know Your Rights**
- CHC Patient Financial Responsibilities**
- Notice of Sliding Fee Discount Program**
- Health Questionnaire**

Patient Name - Printed

Date of Birth

Patient/Guardian Signature

Date