



283 S. Butler Road
P.O. Box 550
Mt Gretna, PA 17064
(717) 273-8871

**OUTPATIENT SERVICES
RECEIPT OF PROGRAM NOTICES**

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of outpatient treatment as defined in the outpatient welcome packet that I received.

Those policies and procedures include:

- HIPAA
- No-Show / Cancellation Policy
- Using Your Voice-Shared Decision Making
- Phone calls
- Patient Rights
- Smoking Policy
- Payment Expectations
- Letters and Reports
- Emergencies
- Grievances

Patient Signature

Date

Witness Signature

Date