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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