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| **Please check each item received:**  Consumer Rights  Notice of HCI Privacy Practices  Orientation to Services  Attendance Policy  Email/Texting Consent Form |
| **Do you have an advance/psychiatric directive?**  **If No,**  information on advance/psychiatric directive. |
| **Consumer/Guardian Signature** |



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| **Reason Given by Consumer for Not Signing Any of the Above Documents:** |
| **Provider’s Signature** |
| &STFCONSENTX& |