



FCCWY INTAKE BOOKLET SIGNATURE PAGE

By signing below I acknowledge that I have received, understand and had the opportunity to ask questions about the FCCWY Intake Booklet that was provided to me containing: (Please initial on line provided)

\_\_\_\_\_ Clients Rights & Grievances Procedures and Protocol

\_\_\_\_\_ Informed Consent to Treat

\_\_\_\_\_ Liability Release

\_\_\_\_\_ Notice of Privacy Policies

\_\_\_\_\_ Communicable Diseases and Drug Use Information

\_\_\_\_\_ Acknowledgement of the responsibility for payment for services

\_\_\_\_\_ After-Hours Services

\_\_\_\_\_ Standards of Conduct for staff

\_\_\_\_\_ Rules for Treatment Groups and Individuals

\_\_\_\_\_ Received and reviewed step by step guide for Treatment/Evaluation

\_\_\_\_\_ Tobacco Cessation Program Referral (Initial One) \_\_\_ Yes \_\_\_ No

I have been informed and have a clear understanding of my rights as a client of Foundations Counseling & Consulting of Wyoming, LLC. My signature below acknowledges my consent to receive services from Foundations Counseling & Consulting of Wyoming, LLC. By signing this form, I agree to comply with all the stipulations outlined in the FCCWY Intake Booklet. I may revoke this permission at any time in writing. I understand that I have the right to refuse to sign this document. Failing to sign this document may result in the termination of the services provided by Foundations Counseling & Consulting of Wyoming, LLC.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Foundations Staff Representative

\_\_\_\_\_  
Date