



I, (printed client name) \_\_\_\_\_ have read and understand the LifeSpring Health Systems Patient Handbook which includes the following:

- Attendance Policy
- Medication Refills
- After Hours Calls & Emergencies
- Patient Responsibilities
- HIPAA Notice of Privacy Practices
- Confidentiality of Patient Records
- Phone Consent
- Consent to Treat & Financial Assignment & Responsibility

Client (Parent/Guardian) Signature:      Date:

\_\_\_\_\_

Witness Signature:

Date:

\_\_\_\_\_