

Associates of Behavioral Health Northwest
2030 Algonquin Road, Suite 401
Schaumburg, IL 60173
Phone: (847) 306-9623

Notice and Acknowledgement

Acknowledgement:

I _____ acknowledge that I have received, read and understand the following documents: **1.) Policy Statement, 2.) Privacy Practices and 3.) Informed consent** and have read them. Furthermore, by signing this form, I consent to receive Mental Health Services to be provided by a clinician at Associates of Behavioral Health Northwest.

By signing below, I also consent to the following:

I understand my health information may be shared with other Associates of Behavioral Health Northwest providers for the purposes of treatment, supervision, or care coordination.

I understand any written Release of Information (ROI) signed in order to coordinate care with outside providers may be revoked at any time with written notice to my providing clinician.

Client's Name (Printed)

DOB

Client's Signature

Date

Witness

Date