



Acknowledgment of Receipt of Information

I/We, _____, acknowledge receipt
of the following:

- 1) HIPAA Notice of Privacy Practices
- 2) Informed Consent for Services
- 3) Intake Questionnaire
- 4) Insurance Information Form
- 5) Credit Card Authorization Form
- 6) Authorization to Release Information
- 7) Receipt of Information
- 8) Explanation of Client's Rights

Please complete, sign and date items 1-7 and return them to the Young Mind Center by email, fax, or postal mail for review prior to your appointment. The Explanation of Client's Rights is yours to keep for future reference.

_____	_____	_____
print name of parent/guardian/client	signature of parent/guardian/client	date signed
_____	_____	_____
print name of parent/guardian/client	signature of parent/guardian/client	date signed

young mind center®
51 E. Monterey Way
phoenix, az 85012
office: 602.237.6653
fax: 602.957.3600
email: office@youngmindcenter.org

Under the Americans with Disabilities Act, the Young Mind Center must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Young Mind Center must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Young Mind Center will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. Please contact the Young Mind Center at (602) 237-6653.