



ACKNOWLEDGMENT OF RECEIPT OF INTAKE PACKET

By signing below, I, _____ acknowledge receipt of the following:
PRINT NAME OF PARENT/GUARDIAN

1. Acknowledgement of Receipt of Intake Packet
2. Informed Consent & Services Agreement
3. Recurring Clinical Services Agreement (if applicable)
4. Intake Questionnaire
5. Payment Agreement for Services
6. Notice of Privacy Practices
7. HIPAA Release of Information
8. Insurance Verification
9. Explanation of Client's Rights & Responsibilities

The **Explanation of Client's Rights & Responsibilities** is yours to keep for future reference.

PARENT/GUARDIAN SIGNATURE

DATE

Please complete, sign, and date items 1-8 and return them to the Young Mind Center by email, fax, or postal mail:

Young Mind Center
3202 E. Mountain View Rd.
Phoenix, AZ 85028
office: 602.237.6653
fax: 602.957.3600
email: office@youngmindcenter.org