



Client Agreement

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- I have received a copy of the Client Rights and Responsibilities document and understand its contents.
- I have read the Fee and Attendance Policy and have had my questions answered to my satisfaction.
- The financial and/or insurance information I have provided is current and correct. I agree to provide additional financial and/or insurance information as my financial status or as insurance coverage changes
- I agree to pay fees for services received, which are not covered by insurance, including deductibles, copayments, or caps on services.
- I authorize my insurance company to pay Citizen Advocates, Inc for the services I receive, and I authorize release to my insurance company and its agents any information necessary to determine benefits.
- I understand that my insurance copayments or services fee is due at every visit.
- I understand my participation in assessment and/or treatment services is voluntary, and I may choose to discontinue services without repercussion directly from this agency.

Consent to Treat Minors (under the age of 18)

I, the undersigned, hereby consent to the treatment of the above identified minor at Citizen Advocates, Inc. outpatient treatment program. I have been provided with a copy of the Citizen Advocates, Inc's Client Rights and Responsibilities, Federal Confidentiality and Client Agreement.

I have been given the opportunity to participate in the development of treatment planning. I understand that treatment is voluntary and the above identified minor may choose to discontinue treatment.

By signing this form, I attest that the information is true and correct. I give permission for Citizen Advocates to confirm upcoming appointments using method(s) indicated. I understand that I may withdraw or update this consent at any time.

\_\_\_\_\_  
Client or Legal Representative Signature

\_\_\_\_\_  
Name of Legal Representative (if applicable)

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date