NOTIFICATION OF RIGHTS / CONSENT TO BEGIN TREATMENT

(rev. 4/15/20)

Client Name:	DOB
Interpreter Needed ( ) No ( ) Yes Reason Interpreter needed:	
Interpreter Signature	

A Legal Guardian or Representative was ( ) chosen ( ) not chosen by client

If chosen the following person is designated as Legal Guardian or Parent or Personal Representative:
Name Address:

	DOCUMENTS:	Received	Completed	Signed
R2	NOTIFICATION OF RIGHTS/CONSENT TO BEGIN TREATMENT			*
L1	CLIENT INFORMATION SHEET		*	
L2	PERMISSION TO CONTACT YOU		*	*
L3	PERMISSION TO BILL		*	*
IN1	AUTHORIZATION FOR MEDICARE			*
R3	DISCLOSURE STATEMENT ( ) ADULT ( ) CHILD			*
	TELEHEALTH AUTHORIZATION		*	*
PT1	SUMMARY OF RIGHTS FOR RECIPIENTS OF OUTPATIENT SERVICES	KEEP		
PT2	NOTICE OF PRIVACY PRACTICES	KEEP		
PT3	CANCELLATION POLICY	KEEP		
PT4	PRICE LIST	KEEP		
R1	AUTHORIZATION FOR RELEASE OF INFORMATION		*	*
AS1	COMPREHENSIVE ASSESSMENT FOR CLIENT COMPLETION		*	
AS2	CA ADDENDUM: MENTAL STATUS EXAM ( ) CHILDHOOD ( ) ADULT	I do this	*	
AS3	MaineCare Folks: AC-OK ( ) ADOLESCENT ( ) ADULT		*	
AS4	DSM-5 SELF-RATED LEVEL 1 CROSS-CUTTING SYMPTOM MEASURE ( ) 6-17 ( ) 11-17 ( ) ADULT		*	

On this date I have been made aware of my State of Maine and Federal rights as a Consumer of Mental Health Services. I have received a copy of the documents checked under the 'Received' column on Page 1. I have had a chance to ask further questions about any of the documents I have been shown. I have been instructed as to where and how I may obtain paper copies or electronic copies of Maine's Rights of Recipients of Outpatient Mental Health Services.

I now voluntarily agree to and consent for Mental Health Services through Dr. Kim Tousignant:

Client Signature	Date
Signature of Authorized Person Basis for Authorization (Relationship to Client)	Date

Please do not write below this line.

	I agree that I have gone over the checked items on Page 1 with the client. I believe the client (and/or) their legal guardian/representative has the capacity to give informed consent to treatment.
	I agree that I have gone over the checked items on Page 1 with the client. I believe the client (and/or) their legal guardian/representative did not have the capacity to understand the information completely and I made these special accommodations:

Kim Tousignant, Psy.D	Date: