



I, _____

Acknowledge that I have received a copy of Plains Area Mental Health, Inc. Informed Consent for Services which provides a Description of Services; Informed Consent about those services; my Rights and Responsibilities as a consumer; information about the Treatment of Minor Children; information about Medicare and Medicaid; information and agreements regarding Payments and Insurance; information about Confidentiality; and the Center's Appeal/Grievance Procedure for Consumers. I understand that Plains Area Mental Health, Inc. has the right to revise the Informed Consent for Services and any information contained therein. I have been informed that in the event Plains Area Mental Health, Inc. has revised the Informed Consent for Services, a revised Informed Consent for Services will be posted at each Plains Area office and I may request a copy from any of these locations. If I wish to discuss the informed Consent for Services, I may speak with any administrative or clinical employee of Plains Area Mental Health, Inc. at the location I am being served or by contacting the Executive Director in the Le Mars Office.

Signature of Client / Legal Guardian or Representative

Date Signed

Relationship to client if Guardian or Representative

Witness