

*Acknowledgement  
Notice of Privacy Practice ~ Client Rights ~ Responsibilities  
Grievance Procedure  
For Youth Haven Behavioral Health*

**I have received a copy of the Youth haven Client Handbook, and I understand my rights and responsibilities, the privacy and security of my confidential information, and my right to file a complaint if I am dissatisfied with the services I receive.**

I understand that my participation in the program is voluntary, and that I may withdraw from services at any time.

Client Name: \_\_\_\_\_  
(Please print)

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

YH Staff: \_\_\_\_\_ Date \_\_\_\_\_