

# Jasper Mountain RECEIPT OF RIGHTS & PROCEDURES

! This form documents that you have been given a copy of our client rights, privacy policies and a description of our agency's approach to treatment and behavior management as listed below.

**Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

By initialing and signing below, I acknowledge that I have received the following materials regarding client rights, privacy protections, and agency practices:

\_\_\_\_\_ **Jasper Mountain Philosophy Statement & Approach to Treatment:** This statement describes the agency's core values and approach to treatment for children and families.

\_\_\_\_\_ **Jasper Mountain Client Rights Packet:** A description of Jasper Mountain's policies regarding client rights as well as the policies and procedures for filing a grievance.

\_\_\_\_\_ **Jasper Mountain Notice of Privacy Practices:** This statement is a summary of the agency's policies and practices regarding confidentiality of client information.

\_\_\_\_\_ **Child Management & Discipline--Jasper Mountain's Approach:** A description of the agency's policies and practices regarding discipline and interventions with child clients in the agency's programs.

\_\_\_\_\_ **Oregon Health Plan (OHP) Client Rights:** A description of rights for clients who are also Oregon Health Plan Members.

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_