

NUTLEY FAMILY SERVICE BUREAU, INC.  
**Receipt of Policies**

I received the *Welcome to Nutley Family Service Bureau* booklet with information about NFSB, services provided, policies.

I received and understand the *Confidentiality Policy*.

I received and understand the *Cancellation Policy and Payment Policy*.

I received and understand the *Waiting Area Policy*

I received and understand the *Safety Policy Crisis Intervention Prevention* contact information.

I received and understand the *Client Grievance Procedure*. I understand that there are services available outside of NFSB to assist with client advocacy should it be needed. I understand that I can ask questions about this at any time.

I received and understand *Client Rights & Responsibilities* and *Notice of Privacy Practices HIPPA*. I know that I can ask any questions I might have at any time.

I received authorization/ consent of procedures.

The following questions pertain to *Advance Directive for Mental Health Treatment*:

- Do you have an Advance Directive? Yes No
  - **If yes**, was a copy of your Advance Directive provided to Nutley Family Service Bureau (NFSB)? Yes No
    - **If a copy was not provided**, please provide the current whereabouts of your Directive on the line below:  
\_\_\_\_\_
- As part of the NFSB Welcome Packet, you received information on  
  
Advance Directive. If you have additional questions, do you understand you should forward the questions to your clinician? Yes No

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Print (Name of Guardian if Applicable)

\_\_\_\_\_  
Signature (Client or Guardian if Applicable)

\_\_\_\_\_  
Date

I agree that this agreement may be electronically signed. I agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.