

# SEQUOIA

MENTAL HEALTH SERVICES, INC.

## Acknowledgment of Intake Documents Received

Name: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I hereby acknowledge receipt of the following:

- Individual Rights and Responsibilities
- Privacy Practices
- Grievance Policy and Procedure
- No Show Policy
- Information for Voter Registration
- Declaration of Mental Health Treatment (\*if applicable)
  - If the document is not returned within 30 days, it will indicate that I decline to file a formal declaration of Mental Health Treatment

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Guardian/Representative (if applicable)

\_\_\_\_\_  
Date of Signature

### **Refusal to Sign:**

The above named individual has received this information but has refused to sign.

\_\_\_\_\_  
Sequoia Mental Health Services Staff

\_\_\_\_\_  
Date

\*Declaration of Mental Health is not applicable for individuals with guardianship, individuals under 18, and individuals only enrolled in Substance Use treatment.