



Acknowledgment of Intake Documents Received

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

Individual or Guardian Signature	Date

Name of Individual	Relationship to Individual

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.