



AUSTIN MIND AND BEHAVIORAL HEALTH

ACKNOWLEDGMENT FORM

I, the undersigned, for a minor (under the legal age of 18), for whom I am the legal guardian, or for myself, hereby affirm that

I have read and fully understand Austin Mind and Behavioral Health Office policies, and I agree to abide by them.

I have read the Notice of Privacy Practices on the website and know that I can request to receive an electronic or paper copy.

Name of Patient or Minor: _____

Date of birth _____

Relation to person providing consent: _____

I certify that I have read and fully understand the above statements and that I am providing this declaration voluntarily, without any coercion.

Signature of Legal Guardian/Self

Date
