

**BLUE VALLEY BEHAVIORAL HEALTH**

**Registration Consent**

Client Name:

Client Case #:

- I hereby attest that the information provided on the Registration form is true, complete and accurate including the information used to verify my lawful presence in the United States.
- I hereby authorize Blue Valley Behavioral Health (BVBH) to furnish my relevant personal health information to insurance carriers, payor sources (Region V, etc.) regulatory bodies and accrediting agencies, concerning myself or my dependent’s illness and treatment. (See Notice of Privacy Practices Form)
- I hereby assign to BVBH all payments for services rendered to me, my dependents or the client named on the Registration form. I agree to be jointly and severally responsible for all charges incurred to myself, my spouse, my dependents or the client named on the Registration form.
- I hereby authorize and consent for BVBH to provide behavioral health and/or substance abuse services for myself, or other identified client, for which I have legal authority to grant.
- I acknowledge that I have read and received a copy of Blue Valley Behavioral Health’s Client Rights and Responsibilities, Agency Policy, Grievance Policy and Notice of Privacy Practices.

For ADT participants; I understand the expectations, guidelines and daily schedule of the ADT program and agree to follow them to the best of my ability. I have received a copy of the guidelines.

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Client Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date