



# Mental Health Comprehensive Services

Providing Family Stability and Developing Life Coping Skills

## Client Orientation Checklist

<b>Client Name:</b>			<b>ID#</b>	
<b>Admission to Services Checklist</b>				
<b>Client Initial</b>	<b>Staff Initial</b>	<b>Check List</b>		
		Demographic Created/Updated (yearly)		
		Screening Form Completed		
		Financial screen Completed/Updated(yearly)		
		Hours of Operation/After Hour procedure		
		Third Party Screen Completed/Updated		
		Verify Insurance/Medicaid/Medicare Coverage		
		Insurance Verification Completed		
		Cancellation Policy Completed		
		Permission for Treatment Completed		
		Continuity of Services		
		Program Rules		
		Privacy Statement (HIPPA) Completed		
		Advance Directive Completed		
		Grievance Procedure Completed		
		Authorization(s) for Release of Information (if obtained @ intake)		
		Request for Records		
		Enter PCP/Medications/Allergies		
		Building Orientation		
		Orientation Handbook Received		
		Other:		
		Chart Opening Process Completed (within 48 hours)		
<p><i>I have completed the initial orientation by completing the above paperwork/legal documentation. I have also received a copy of the Consumer Orientation Handbook which includes issues of Program rules, seclusion and restraint, smoking and weapons and illicit drugs. My rights and responsibilities have been reviewed and I understand my rights and responsibilities concerning services.</i></p>				
<b>Client Signature</b>			<b>Date</b>	
<b>Staff Signature &amp; Credentials</b>			<b>Date</b>	