



Orientation to Treatment Checklist

I attest that I have reviewed and retained the following forms and information:

- NH Mental Health Bill of Rights
- Emergency Coverage
- Notice of Privacy Practices
- Psychotherapy Social Media Policy

I attest that I have reviewed, signed and retained the following forms and information:

- Notice to Clients & Consent to Treatment Agreement
- Client Fee Agreement
- Fee Schedule
- Consent to the Use & Disclosure of Health Information
- Telehealth Electronic Informed Consent

Client/Guardian Signature

Date

Clinician Signature

Date