



Pace Partial Hospitalization Program Parent/Guardian Acknowledgements

Child's Name: _____

D.O.B: _____

I acknowledge receiving a copy the parent/student handbook which includes a copy of the following:

- Statement of Patient's Rights & Responsibilities
- Grievance Procedures
- Confidentiality of Records Policy
- Notice of Privacy Practices
- Medication Administration Procedures

Signature of Parent/Legal Guardian

Date

Signature of Patient (Age 14 years and older)

Date

Signature of Witness

Date