

SAMPLE
07/01/08

Provider Letter Head
Provider Name

Explanation of East Carolina Behavioral Health Consumer Handbook

Consumers Name:

Record Number:

Statement of Acknowledgement

I have received a copy of the ECBH Consumer Handbook.

My Clinical Home Provider Agency:

(_____)

have explained the following to me and I have no questions.

- Helpful Contacts
- How to Access Services
- Person Centered Planning
- Crisis Services/Emergency Services
- Your Rights
- Rights in 24 hour facilities
- Your Responsibilities
- Resources

Client/Guardian
Signature/Date

Provider Representative
Signature/Date