

**Jasper Mountain  
RECEIPT OF RIGHTS & PROCEDURES**

**! This form documents that you have been given a copy of our client rights, privacy policies and a description of our agency's approach to treatment and behavior management as listed below.**

**Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

By initialing and signing below, I acknowledge that I have received the following materials regarding client rights, privacy protections, and agency practices:

\_\_\_\_\_ **Jasper Mountain Philosophy Statement & Approach to Treatment:** This statement describes the agency's core values and approach to treatment for children and families.

\_\_\_\_\_ **Jasper Mountain Client Rights Packet:** A description of Jasper Mountain's policies regarding client rights as well as the policies and procedures for filing a grievance and contact information for state protection and advocacy groups.

\_\_\_\_\_ **Jasper Mountain Notice of Privacy Practices:** This statement is a summary of the agency's policies and practices regarding confidentiality of client information.

\_\_\_\_\_ **Child Management & Discipline: Jasper Mountain's Approach & Policies:** A description of the agency's approach, and the policies and procedures regarding behavior management and interventions with child clients in the agency's programs, including contact information for state protection and advocacy groups.

\_\_\_\_\_ **Oregon Health Plan (OHP) Client Rights:** A description of rights for clients who are also Oregon Health Plan Members.

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_