



Penn Psychiatric Center/Collegeville Psychological Center

3774 Ridge Pike
Collegeville, PA 19426
610-489-3333 / FAX: 610-489-9390

601 Gay Street, Suite 6
Phoenixville, PA 19460
610-917-2200 / FAX: 610-917-2360

Consumer Agreements and Authorizations

Penn Psychiatric Center/Collegeville Psychological Center encourages our consumers to be knowledgeable about policies and practices related to their continued quality care. All policies, procedures, and informational packets are available to be printed upon request, and most pertinent consumer information is posted in the waiting rooms.

By checking and signing below, you as the consumer are agreeing that you have read/understand the following practices:

Please check all that apply:

- I have read and understand Penn Psychiatric Center/Collegeville Psychological Center's **Bill of Rights** and **Notice of Privacy Practices**.
- I have read and understand all information outlined in the **Patient Orientation** which includes Penn Psychiatric Center/Collegeville Psychological Center's **Financial Responsibility Policy** posted in the waiting room.
- I have read and understand the agency's notice of **Assignment and Release** and the agency's **Missed Appointment Policy** outlined on the Client Information Sheet.
- I have read and understand the agency's **Civil Rights Compliance** Information posted in the waiting room.
- I have read and understand Penn Psychiatric Center/Collegeville Psychological Center's **Freedom of Choice Notification**. I agree that I have entered into treatment voluntarily and have the choice to obtain mental health services from any provider that I choose.
- I understand that Penn Psychiatric Center/Collegeville Psychological center treats all consumers without regard to race, religious creed, national origin or political affiliation.

Consumer Name (Printed)

Consumer Name (Signature)

Date

Witness (If consumer is unable to sign)

Date

PPC Staff Signature (Witness)

Date