



Canvas Health

Client Intake Orientation & Acknowledgement

Client Name: _____

Client DOB: _____

The following were reviewed with the client on indicated date. Items in **Bold** must be provided to client.

- | | |
|--|--|
| <input type="checkbox"/> Welcome Letter | <input type="checkbox"/> Confidentiality |
| <input type="checkbox"/> Program Information: | <input type="checkbox"/> Notice of Privacy Practices |
| <input type="checkbox"/> Concerned Persons Program | <input type="checkbox"/> Vulnerable Adult & Minor Reporting Policies |
| <input type="checkbox"/> Fee Schedule & Financial Responsibility | <input type="checkbox"/> Grievance Procedures |
| <input type="checkbox"/> Community: | <input type="checkbox"/> Notice of Nondiscrimination |
| <input type="checkbox"/> Building, exits and surroundings | <input type="checkbox"/> Brochures & Education |
| <input type="checkbox"/> Postings of Maltreatment, Vulnerable Adult Reporting, and Program Abuse Prevention Plan | <input type="checkbox"/> Fetal Alcohol Syndrome Disorder |
| <input type="checkbox"/> Zoom for televisits (if applicable) | <input type="checkbox"/> Fight TB |
| <input type="checkbox"/> Client Policies | <input type="checkbox"/> Hepatitis A Fact Sheet |
| <input type="checkbox"/> Treatment Contract | <input type="checkbox"/> Hepatitis B Fact Sheet |
| <input type="checkbox"/> Attendance Accountability Expectations | <input type="checkbox"/> Hepatitis C Fact Sheet |
| <input type="checkbox"/> In-Jail Program | <input type="checkbox"/> HIV Training & Resources for Substance Use Disorder Programs |
| <input type="checkbox"/> Photography of Clients | <input type="checkbox"/> Opioid Education |
| <input type="checkbox"/> Client Cell Phones | <input type="checkbox"/> STD Basics |
| <input type="checkbox"/> Risks Associated with Treatment | <input type="checkbox"/> Release of Information & Recordings (signed) |
| <input type="checkbox"/> Individual Abuse Prevention Plan (if applicable) | <input type="checkbox"/> MN Adult Abuse Reporting Center |
| <input type="checkbox"/> Canvas Health Policies | <input type="checkbox"/> Premier Biotech |
| <input type="checkbox"/> Notification of DAANES Data Collection | <input type="checkbox"/> 42 CFR General Consent |
| <input type="checkbox"/> Client Rights | <input type="checkbox"/> Consent for Recording (Correctional) |

Treatment staff reviewed the above information with me in a language that was understandable to me. I had the opportunity to ask questions and request copies of any of the above documents. I understand the above identified information.

Client Signature

Date

Parent/Guardian/Authorized Representative signature (if applicable)

Date

Relationship of Parent/Guardian/Authorized

OFFICE USE ONLY

DAANES

☐ Admission

☐ Discharge

GAIN-SS

☐ Intake Screening

Referral

☐ Yes

☐ No (within 10 days of Screening)

☐ Payor notified of start date – upon completion of intake session (if applicable)

☐ Checked Payor tab for notes on client's financial responsibility