



# PRA BEHAVIORAL HEALTH

## Welcome to PRA

I have received a copy of PRA's Policy and Procedures and Notice of Privacy Practices and have read them completely. My signature below indicates my understanding of PRA's practice policies.

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***Printed*** Patient Name

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**Patient Date of Birth**

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Patient Signature (12 and over)

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Date

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Guardian/Responsible party/Parent Signature

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Date

***Thank you!***

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