

Parent Acknowledgement Form

Affirmative Care Acknowledgement

In line with best practice, research and corporate policy recommendations, Meridell Achievement Center, Inc. is an affirming, inclusive treatment facility that supports, respects and honors an individual's right to determine their own gender identify and sexual orientation. We are committed to upholding this position in all interactions with our patients and providing a safe, therapeutic environment for individuals to question, explore and assert their beliefs and orientation. Specifically, our position is that staff will use a patient's preferred name and pronouns. Therapists will work individually with patients to therapeutically address the examination of those beliefs and preferences and will communicate with the treatment team any relevant information.

I, _____, acknowledge Meridell's Affirmative Care position and understand that staff will honor my child's preferred pronoun and name while in treatment.

Printed Name

Signature/ Date

Financial Responsibility

I understand that regardless of my assigned healthcare coverage or insurance benefits, I will pay my deductible, copay, and co-insurance costs upon request. It is my responsibility to notify Meridell Achievement Center Inc of any changes in coverage regarding my insurance provider. There is no guarantee of payment from my insurance. I am responsible for any amount owed and/or not covered by insurance.

I also understand that the business office of Meridell Achievement Center Inc will review by policy benefits as it pertains to residential treatment but that benefits is NOT the same as authorization.

I, _____, acknowledge the financial responsibility statement.

Printed Name

Signature/ Date