



MidAmerica Family Treatment Center, LLC  
4031 Central Street, Kansas City, Missouri 64111  
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### Client Document Approval Page

Client full legal name (print) \_\_\_\_\_

- I have been provided a copy of, read, understood, and agree to the information included in the **Informed Consent for Assessment and Treatment Policy**.

\_\_\_\_\_ Date \_\_\_\_\_

Client signature (or legal guardian if under the age of 18)

- I have been provided a copy of, read, understood, and agree to the information included in the **HIPAA Notice**.

\_\_\_\_\_ Date \_\_\_\_\_

Client signature (or legal guardian if under the age of 18)

- I have been provided a copy of, read, understood, and agree to the information included in the **Fee and Payment Policy**.

\_\_\_\_\_ Date \_\_\_\_\_

Client signature (or legal guardian if under the age of 18)

- I have been provided a copy of, read, understood, and agree to the information included in the **Teletherapy Informed Consent**.

\_\_\_\_\_ Date \_\_\_\_\_

Client signature (or legal guardian if under the age of 18)