



Valley-Wide
Health Systems, Inc.
Your Health, Our Priority!

Acknowledgement of Treatment Goals and Service Planning

I acknowledge that I have participated in the development of a service plan dated _____
for myself (or my minor child _____.)

I have reviewed with my care manager my diagnosis and progress, which indicates my
agreement with the course of treatment dictated by my service plan. I have been offered a copy
of my service plan.

Print Client Name and Client ID#

Admit Date

Client/Guardian Signature Date

Supervisor Signature Date

Counselor Signature Date

Counselor Printed Name