



PASSPORT, a program of
Kirby Creative Clinical Solutions, LLC
3929 Old Lee Hwy; Unit 92-D
Fairfax, VA 22030
703-409-2571
Tax ID # 27-2924949

Client Acknowledgement of Full Disclosure

I have been provided a copy of the **PASSPORT Program Contract**, outlining the schedule, fees, and policies of the program. I have had an opportunity to ask any clarifying questions and I understand the contract and the expectations it outlines. I understand that payment is due at the start of the week and that absences are not reimbursed. I agree to comply with the program policies and do my best to meet all expectations as outlined in the contract.

I have been offered a copy of the **HIPPA policy** and acknowledge that I am aware of my rights to privacy.

As a parent, I agree to support my young adult by attending the **bi-weekly Parent Group** that is a required component of the PASSPORT Program.

Client Signature

Date

Parent/ Guardian Signature

Date