Pine Grove Behavioral Health & Addiction Services

Alumni Consent Form

_____ I am a patient ____ I am a family member _____ I am a Gratitude Spouse

Name: _____ Date: _____
(Print Name)

Program:

_____	Women's Center	_____	Next Step
_____	Gratitude	_____	PEP
_____	Legacy	_____	Family

Would you like to be contacted by our Alumni Relations Staff? YES NO

If yes, please complete the information below to be contacted by the Pine Grove Alumni Relations staff regarding alumni events and other events/information related to Pine Grove.

Information

Address:	**E-mail Address**:
City, State, Zip:	**Discharge Date:**
Home Phone:	**Sobriety/Abstinence Date:**
Cell Phone:	**Birthday:**

_____ I would like to join The Pine Grove Closed Group on Facebook, "PG Friends".

_____ I would like to join the Pine Grove Alumni App, "PG Friends," also known as Pine Grove Friends.

I understand that I am entitled to a copy of this consent form and that if I choose to no longer be contacted by Pine Grove that I will notify the Alumni Relations Department in writing.

_____ _____ _____
Signature Date Time

_____ _____ _____
Witness Signature Date Time