Annual Consents

Date: _____

Revised 7-1-10

Client's Name: _____Medical Record #: _____Medicaid #: _____

☐AHR ☐CHS ☐TRS

This consent is valid for no more than 1 year unless otherwise indicated for a time period less than 12 months.

Treatment

Initial Each Item:

_____ 1. Informed Consent for Treatment: (Valid for 1 year or until _____)

I acknowledge that information has been provided to me regarding the alleged benefits, risks, and possible alternative methods of receiving treatment services from this agency. A representative of this agency has explained the anticipated procedures and course of treatment to me. This consent for treatment is to be valid for **one year** (no more than 1 year). I understand that this consent may be withdrawn at any time, by submitting a written request to the assigned Qualified Professional. My signature below grants permission for the agency to provide treatment services to the client named above for as long as this consent is valid.

*** Each voluntary client or legally responsible person has the right to consent to or refuse treatment/habilitation in accordance with GS 122C-57(d). A voluntary client's refusal of consent will not be used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available from this agency. The agency will make the determination.**

_____ 2. Consent to Seek Emergency Medical Care/Dental Services: (Valid for 1 year or until_____)

I give permission for this agency to seek emergency care or emergency dental services for the client named above from the closest medical care provider available. In the case of an extreme emergency, and I cannot make the conscious decision, I give the attending physician permission to provide sufficient care that is needed until I can make the decision myself.

_____ 3. Release of Liability - Transportation: (Valid for 1 year or until _____)

I have read, understand, and agree to the following: In order for the provider to utilize their own or your vehicle in connection with their assignment to you, please be advised that the staff does not have insurance to cover use of provider owned vehicles or provider use of client owned vehicles while on assignment. To secure the services of this agency in this respect, we ask that you agree to release and hold them harmless. For any provider assigned to you by the agency from claim or action which you or those for whom you are responsible may have from bodily injury, including death, or property damage arising out of the use by the provider of any vehicles in connection with their assignment with you, specifically provided; however that any said claim or cause of action for bodily injury, including death, or property damage does not result from and/or arise out of any negligent or intentional act of this agency, its providers, agents or representatives.

*****This is the last 3 pages of the agency ***Handbook*****.**

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Initial each item:

_____ 4. Consumer Choice: I choose to have services from this agency. (Valid for 1 year or until _____)

I acknowledge that I have been given an opportunity to review a list of providers and the services they provide in the area in which I live. I understand that only medically necessary services will be authorized. I have been informed of the appropriate and available providers in the network that would meet my specific needs for services, location, and hours of availability.

I understand it is my choice to select a provider that is endorsed to address my needs and that I can alert my provider if I would like to change providers at any time. I can also call the LME Consumer Rights or the Division of Mental Health to request assistance if I experience any difficulty with changing my provider.

_____ 5. Permission to Use Pictures and Video: (Valid for 1 year or until_____)

I hereby give this agency the right and permission to publish, copyright and use pictures of me in which I may be included in whole or part, composite or retouched in character or form, in conjunction with my own name and no name being used. If the person photographed is under 18, I certify that I am his or her parent or legal guardian and I give my consent without reservation to the foregoing on his or her behalf.

_____ 6. Release of Information To Third Party Payors: (Valid for 1 year or until _____)

I hereby authorize this agency to release information from my client service record to my insurance company, Medicaid, or Medicare in order to process and pay claims for services rendered to me. I understand that this consent allows release of all information in my client record including, substance abuse, communicable diseases (including AIDS/HIV), and other sensitive documentation.

_____ 7. Assignment of Benefits: (Valid for 1 year or until _____)

I hereby authorize payment directly to this agency of any insurance or government program benefits otherwise payable to me for services rendered. I understand that I am financially responsible for any charges not paid under this assignment. Any refunds due me shall be applied to any other outstanding balance for which I am responsible with this agency.

_____ 8. Restrictive Intervention: (Valid for 1 year or until _____)

I have been explained the use of emergency restraint procedures and I understand that if I am in danger to myself, others, or property, this agency staff may determine that a restrictive intervention is needed in order to maintain my safety and/or the safety of others. This will only be done in an emergency situation and only staff trained in restraint will provide the intervention.

*****This is the last 3 pages of the agency ***Handbook*****.**

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Informing of Rights & Rules

Initial each item:

_____ I have received the Consumer Handbook which includes:

—— **I have been given information concerning my Client Rights and explained in a way that I could understand.**

—— **I have been provided with information on emergency restraints, search and seizure and other information related to my health and safety.**

—— **I have been given the Notice of Privacy information.** We provide this Notice to each consumer beginning no later than the date of our first service delivery to the consumer, including service delivered electronically, after April 14, 2003. We make a good-faith attempt to obtain written acknowledgement of receipt of this Notice. We also have the Notice available at the office for consumers to request to take with them. We post the Notice in our office in a clear and prominent location where it is reasonable to expect any consumers seeking service from us to be able to read the Notice. Whenever the Notice is revised, we make the Notice available upon request on or after the effective date of the revision in a manner consistent with the above instructions.

—— **I have received information on Advanced Directives.**

—— **I have been provided information on issuing a complaint and procedures that include the fact that if a complaint is filed in good faith, the agency will not retaliate, humiliate or negatively impact your services.**

This consent is not valid for more than one year or until which time it is revoked.
I would like to revoke my consent for : _____ on this date: _____.

Acknowledgement

I certify the above information has been explained to me so that I may understand it clearly. I certify I had the opportunity to ask questions, and they have been answered. I further acknowledge receipt of the above information in writing, upon my admission date / annually.

_____ _____
Client or Legally Responsible Person's Signature Date

_____ _____
Agency Representative Signature Date

_____ _____
Witness Date

*****This is the last 3 pages of the agency ***Handbook*.**