



**Consumer Name:** \_\_\_\_\_

**Consumer Medicaid / PeachCare#:** \_\_\_\_\_

## **CONSENT FOR SERVICES**

The undersigned hereby voluntarily consents to treatment by First Step, Inc., encompassing assessments, psychological testing, therapeutic services, and routine diagnostic procedures.

The undersigned acknowledges that they have received a complete copy of consumer rights and responsibilities and have been given an explanation of procedures to follow if they believe their rights have been violated.

The undersigned understands that the confidentiality of alcohol and drug abuse consumer records maintained by this agency are protected under Federal law and regulations. Staff may not disclose any information identifying a consumer as an alcohol or drug abuser unless 1) Consumer consents in writing; 2) Disclosure is allowed by a court order; 3) Disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to First Step, Inc., the Office of Regulatory Services of DHR, the State Attorney General(s) Office, and the Federal United States Attorney in accordance with Federal regulations. **Exceptions are:** 1) Federal law and regulations do not protect any information about a crime committed by a consumer either at the program or against any person who works for the program or about any threat to commit a crime. 2) Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State Law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.)

The undersigned understands that First Step Inc. has responsibility mandated by Federal and State Law to protect the anonymity of all people who are or who have been consumers at this agency and pledges not to identify to others any person that they may see or divulge any information that they may read or hear about individuals who are consumers at this agency. The undersigned understands that violation of this confidentiality pledge may lead to their dismissal from the program or service.

The undersigned agrees that if they leave the treatment program without the permission of the physician or staff to do so or if they fail to attend the program as scheduled without notifying staff, they give permission to the program site staff at their discretion to contact the individual named as their emergency contact to inform them of their absence from the program.

In the event of a medical emergency, the undersigned consents to provision of any medical attention that may be required. They understand that they, not First Step, Inc., will be responsible for all ambulance, medical, prescription drug and dental expenses as needed. Any person, including any health care provider whether public or private may rely upon this consent unless and until this person receives notice from the undersigned that they have revoked this consent.

The undersigned acknowledges that First Step Inc., as part of the contractual relationship to the Georgia Department of Human Resources Division of Mental Health, Mental Retardation and Substance Abuse, will report select information about their treatment to First Step, Inc.

The undersigned understands that participation in First Step Inc. (IFI) services depends on determination by First Step Inc. that available services are appropriate for them and are in their best interest and are not disruptive of the services provided by First Step Inc. to other consumers. First Step Inc., may at times change services offered or reduce the number of consumers who are able to be served. If First Step Inc. determines to eliminate services provided, First Step Inc. will give notice and will make efforts to arrange transition to other appropriate services if available.

The undersigned acknowledges that they may **NOT** be transported by First Step Inc., personnel in any vehicle as part of the programs activities.

***If the consumer is a minor for whom a guardian has been appointed, this consent must be signed by the parent or legal guardian of the consumer, except when exempted by law.***

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Consumer Signature, if over age 12

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Date

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Parent/Legal Guardian Signature

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Date

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Witness Signature

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Date