



RHEMA Counseling
& Support Services, PC

**CONSENT / ORIENTATION FORM
(MH/DD/SAS)**

Person Served: _____

DOB #: _____

(Please initial next to each bolded item to confirm that you have received explanation and agree to the statement.)

1. _____ **CONSENT TO TREAT:** After reading my client-counselor agreement and receiving clear explanation of RHEMA SS's comprehensive assessment, program structure, rules, and expectations, I consent for the above named client to receive services (MH/DD/SAS) from RHEMA CSS, PC. I understand that this service is voluntary and that this consent may be withdrawn with written notification at any time.
2. _____ **TREATMENT PLAN:** I understand that I will be actively involved in developing my Person-Centered Treatment Plan designed specifically to address identified goals and needs. I agree to allow RHEMA CSS employees to implement professionally accepted methods of intervention and therapeutic strategies as indicated by the person-centered treatment plan that both the client/legally responsible representative and the service providers have developed. Furthermore, I understand that my person centered treatment plan will be accessible to me upon request.
3. _____ **MISSED APPOINTMENTS:** The appointment times scheduled are assigned to provide services for me and/or my family member. I will make every effort to make the scheduled appointment in the office or be available when staff comes in my home to provide the service. If I need to cancel an appointment I will call the staff member working with me and/or the office as soon as possible. I understand that three consecutive missed appointments (without notice) may result in a termination of services.
4. _____ **TRANSPORTATION:** I give permission and consent for the above person served to be transported by RHEMA CSS's staff. The purpose of this transportation is to allow full participation in the delivery of RHEMA CSS services, as identified in the Person Centered Plan/Treatment Plan. I release RHEMA CSS, PC and its employees from any liability for accident or injury pursuant to such transportation.
5. _____ **SAFETY:** I have received information regarding the safety policies and the program rules and expectations of the person served. In case of an emergency during non-business hours including weekends and holidays, I have received information on how to contact the Clinical Director in order to receive immediate guidance and support in a crisis situation.
6. _____ **FIRST AID:** I authorize RHEMA CSS to provide and render first-aid assistance to the client as deemed necessary by trained staff.
7. _____ **EMERGENCY CARE:** I authorize RHEMA CSS to obtain emergency medical, dental or mental health care for the above named client. In the event that client (adult) or caregiver would be unable to provide such consent, it is understood that the RHEMA CSS's staff will attempt to locate caregiver, another legally responsible adult, or your designated emergency contact person as quickly as possible.

- 8. _____ **CLIENT’S RIGHTS:** I have had my Client Rights explained and had the opportunity to ask questions. I have been informed of my right to access Disability Rights North Carolina, an organization charged with protecting the rights of children and adults with disabilities living in North Carolina. I understand that if I feel my rights have been violated, I am encouraged to seek assistance or file a complaint with RHEMA CSS’s Executive/Clinical Director. If my issue is not resolved to my satisfactions, I have the right to file a complaint with Disability Rights of NC, the North Carolina Board of Licensed Professional Counselors and my Managing Care Organization.
- 9. _____ **HIPAA: The Notice of Privacy Practices** was reviewed with me and I understand that RHEMA CSS has the right to revise the Notice of Privacy Practices as necessary and will notify me in writing of any such changes. I am also aware that I may view updates and revisions at www.rhemacss.com. I am aware that I may obtain a copy of the original or revised Notice of Privacy Practices at any time.
- 10. _____ **INSURANCE STATUS:** I understand that I am to present copies of my Insurance/Medicaid card. I will notify RHEMA CSS, PC of any changes that occur in my insurance status.
- 11. _____ **ADVANCE DIRECTIVES:** I have received a copy of, *Medical Care Decisions and Advance Directives: What You should know*, published by the North Carolina Department of Health and Human Services. I understand that if I choose to participate, I will notify my primary care provider and submit a copy of my decisions to be filed in my service record.
- 12. _____ **AMENDMENTS:** I understand that this document may be amended on an “as needed” basis, and that any such amendment will require my signature or, as applicable, my legally responsible representative.

AMENDMENTS TO CURRENT CONSENT: _____

ACCEPTANCE: I have read and/or have had clearly explained to me the terms, conditions and agreements of this informed consent agreement and voluntarily accept them as stated above. This agreement may be withdrawn or revoked at any time. My signature below indicates that I have received orientation for the type of services that will be provided and that I understand that it is my right to refuse treatment offered by RHEMA CSS.

I also hereby authorize treatment by the employees/contractors of RHEMA CSS. I hereby authorize RHEMA CSS to furnish minimally required information to my insurance, Medicaid or NC Health Choice concerning my illness and treatments. My signature below indicates that I understand and accept this policy. I further authorize Insurance benefits to be paid directly to RHEMA CSS, PC

I understand I can withdraw this consent/authorization at any time.

Client/Legal Guardian: _____ **Date:** _____

Staff Signature: _____ **Date:** _____