

INTAKE CONSENTS

Client Name: _____ Date of Birth _____

CONSENT FOR TREATMENT AND TREATMENT LOCATION: I, the undersigned, consent for my child/myself (individual 'Client' named above) to participate in Mental health and Substance Abuse assessment and treatment through IMPOWER and The Grove Counseling Center, Inc. (The Grove). I authorize services consistent with the level of needs per my assessment. I certify that I fully understand the treatment. I have been made aware of the purpose and structure of the program to which I am admitted and the expected length of time in treatment.

I also consent for the following individuals/organizations to be involved in the treatment of the above-named client. I understand that these persons will need to have access to protected health information for the purpose of assessment, treatment and health care operations.

1. Referral Source
2. _____

Consent to Receive Telehealth Services

-I consent for the individual named above to receiving behavioral health/substance abuse services via telehealth. I have been informed of my diagnoses and proposed telehealth treatment plan. I understand that the individual named will be receiving health care services through an interactive, secure, web-based platform through the internet.

-I understand that I will be oriented to the equipment and process before the initiation of telehealth services. I understand that my child's or my participation, at any time in telehealth, is voluntary and I may refuse to participate or decide to stop participation at any time. I understand that my refusal to participate or decision to stop will be documented in my medical record.

-I understand that the privacy and confidentiality of individual named above will be protected at all times. I also understand that the likelihood of a videoconference being intercepted by an outsider is similar to the potential interception of a phone call. When I am receiving services via telehealth, I will be notified as to who is in the room at the remote site.

-I understand that the health care providers at both my child's/my location and the remote video site will have access to any relevant medical information about my child/me including any psychiatric and/or psychological information, alcohol and/or drug abuse, and mental health records.

-I further consent for the sharing and use of information for medical care, research, and collaboration with treating & research clinicians.

PRIVACY EXCEPTIONS: I, the undersigned, acknowledge that in some circumstances, IMPOWER/The Grove is required to report private information about your child or you. We have a duty to report suspicion of child abuse and neglect to the State of Florida. We have a duty to warn potential victims if we believe that their lives are in danger. Other exceptions to privacy are explained in the Privacy Notice.

FUNDING AUTHORIZATION: I authorize my funding agency to pay for services directly to IMPOWER/The Grove. I understand that I will be responsible for the charges that this funding source does not cover. I further understand that protected health information will need to be released to the above-named funding source in order to process claims and obtain reimbursement.

-I understand that I may revoke consent for the above at any time; however, I cannot revoke consent for action that has already been taken. A copy of this release shall be valid as the original.

-I have received a copy of the IMPOWER "Notice of Privacy Practices." *This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

I have received a copy of the Outreach Client Guide/My Rights which describes my rights and responsibilities, including whom to contact for complaints and grievances.

I certify that I am either the legal custodian (biological or adoptive parent) of the child listed above or I have produced the following legal document naming me as the legal guardian of the child authorized to consent for mental health and/or medical care: Court order signed by a Judge or Notarized statement signed by the parent.

Client Signature/Legal Guardian Signature

Date

Legal Guardian Printed Name

Legal Guardian Relationship to Client