

PM 3.7.1
Consent for Treatment
Assignment of Benefits / Agreement to Pay for Treatment

I hereby grant permission to _____ to provide routine evaluation and treatment services as may be deemed necessary or advisable for the diagnosis and/or care of _____ (name of consumer).
I understand that this consent shall remain valid so long as I am enrolled in the RBHA or until I withdraw consent.

I understand that all information gathered in the course of my treatment as _____ is confidential. However, information may be released without my consent in cases of medical emergency, abuse or neglect, court order, insurance billing claims requirements, adult and program evaluation, and where otherwise legally required. Additionally I understand that by signing this consent I am giving permission for ADHS/DBHS to access my information and records maintained by *Cenpatico Behavioral Health of Arizona, LLC.*, and/or its subcontracted providers concerning the provision of covered services.

I agree to participate in my treatment planning process to the best of my ability. I understand that there is no guarantee that those treatment services will prove beneficial to me. Furthermore, I have been advised that should medication be prescribed or administered, that such medications may or may not be effective and in a small number of situations. I may have an adverse reaction to such medication, and it is my responsibility to keep those individuals involved in my treatment informed of any medication effects.

Consumer's Name (Print)

CIS #

Consumer's Signature

Date

Parent/Guardian consenting for care and treatment of consumer

Date

Staff Member (Witness)

Date

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I agree to pay any assessed fees for services received by me or by the consumer for whom I guarantee payment. Such fees, if any, will be based on my/our ability to pay as determined by a sliding fee scale. I authorize payment to be made directly to _____ and assign benefits for treatment services from any third party coverage available to me or to the consumer for whom I guarantee payment. I also authorize *Cenpatico Behavioral Health of Arizona, LLC* to release such information as may be required to submit a claim for treatment services.

I have received (and understand) copies of the following written information.

- ☐ **Consumer Handbook with Confidentiality Information**
- ☐ **Consumer Rights/Grievance and Appeals Procedure**
- ☐ **Release of Information (Copy)**
- ☐ **Refund Policy**
- ☐ **Significant Addresses & Phone Numbers (including the Office of Behavioral Health Licensure, the Division of Behavioral Health Services, the Office of Human Rights, Adult Protective Services, Child Protective Services and *Cenpatico Behavioral Health of Arizona, LLC*)**

Consumer's Name (Print)

Consumer's Signature

Date

Parent/Legal Guardian consenting for care and treatment of the Consume

Date

Staff Member (Witness)

Date