

CONSENT FOR TREATMENT

In signing this document, I am stating that I have read and agree to the following conditions regarding services rendered by Platform Behavioral Support Services:

1. I consent to and authorize treatment through Platform Behavioral Support Services
2. I authorize the collection of necessary administrative dates regarding me. I understand that such data shall be computerized for statistical, programming, and billing purposes.
3. I understand information regarding me shall be collect responsibility and maintained in a confidential clinical record. Any such records or information shall remain confidential except in the following incidences:
 - a. Information required by third party payers and parties giving PBSS authorization to provide said services shall be forwarded to them.
 - b. Records shall be open to Platform Behavioral Support staff as needed and to appropriate state mental health officials.
 - c. Information may be exchanged if I sign a written release form indicating the nature of information to be released.
 - d. Information, which indicates a severe threat to the life or safety or another person or to self, shall be forwarded to the threatened parties or appropriate agencies to the extent necessary to protect life and safety.
 - e. Information will be released if required under a court subpoena.
 - f. Suspected abuse or neglect shall be reported to Protective Services as mandated by the Code of Texas and Federal Law.
 - g. State and Federal law prohibits the disclosure of any information identifying a Recipient as receiving alcohol/drug services unless the Recipient consents in writing, the disclosure is allowed by court order, disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluations.
 - h. Federal Law does not protect any information about a crime committed by a Recipient either at the program or against any person who works for the program or about any threat to commit such a crime.
4. I understand that all services will be provided regardless of gender, color, national origin, sexual orientation, religious preference, and a level of disability.
5. If there is a medical or psychiatric emergency, I give permission for staff to seek emergency care on my behalf.
6. Platform Behavioral Support staff may share information with my consent with other associated facilities such as group homes, Dept. of Social Services, Court Services, and Area Programs if a Recipient is seen in two or more of these agencies.
7. I agree to satisfy my financial obligation with Platform Behavioral Support Services. I understand payment is due at the time services are rendered, unless payment arrangements are made.
8. You have the right to accept or refuse any medication, procedure test or treatment. Exception to this right is when there is an emergency, court order or if the recipient is under 18 years old and his/her parent or guardian has given permission.

I understand that I will be receiving the following services provided by Platform Behavioral Support Services:

- | | |
|---|--|
| <input type="checkbox"/> Assessment/ Reassessment | <input type="checkbox"/> Medication Training and Support |
| <input type="checkbox"/> Skills Development and Training | <input type="checkbox"/> Intensive Case Management |
| <input type="checkbox"/> Individual /Family Intervention Counseling | <input type="checkbox"/> Group |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Recipient or Legally Responsible Person / Date

Agency Representative/ Date