CONFIDENTIAL PATIENT INFORMATION
Sec: Cal. W&I code, section 5328
42 CFR Part 2, 45 CFR Parts 160 & 164

ORANGE COUNTY HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
INFORMED CONSENT FOR SERVICES

General Consent

In accordance with existing law, the following has been explained to me: the nature and purpose of the proposed evaluation (which may include psychological testing), the nature of psychotherapy, alternative therapies, and other treatment methods including the alternative of no therapy, and I understand the risks involved. I consent and authorize the following services necessary for my health and well-being:

1. Assessment
2. Counseling or Therapy
3. Group Education or Therapy
4. Medication Support
5. Case Management (e.g., referrals, linkage, consultations)
6. Monitored screening for substances and other drugs that affect my health and well-being

I understand that acceptance and participation in the Behavioral Health system is voluntary and shall not be considered a prerequisite for access to other community services.

If I am a Medi-Cal beneficiary, I understand that I retain the right to request other Medi-Cal or Short Doyle/Medi-Cal reimbursable services and have the right to request a change of provider, staff person, therapist, and/or case manager.

I may be contacted after my participation in the program has ended to evaluate my progress and condition. I understand that I may choose not to answer any questions at that time if I do not wish to do so.

I am satisfied that I have received all the information I need to make an informed decision about my services. I certify that I have read, understand and agree with the above and have received a copy. (A copy of this document is to be given to the client or to her/his agent or responsible party.)

_____
Client / Participant Name

_____ _____
Client / Participant Signature Date

_____ _____
Responsible Party / Representative Signature Date

_____ _____
Provider / Witness Signature Date

_____ _____
This form was translated to the Client / Responsible Party by (Name) Date