

Consent for Service

This Consent is to assure that you understand policies in effect at Northeastern Mental Health Center (NEMHC). Your signatures on this Consent mean that you are acknowledging **informed consent** for provision of comprehensive and ethical behavioral health service(s) provided by NEMHC professional staff. This Consent may be revoked. Any such revocation must be written and signed by an authorized person.

Please print name of person receiving service

Please print name(s) of those authorizing the service

NEMHC staff is committed to consideration and exploration of all possible options in order to assure provision of comprehensive, effective and ethical planning and services. During the course of service, many issues may be of importance. Often subjects that may appear irrelevant will be discussed. Some subjects that could be dealt with include, but may not be limited to: personal adjustment, parenting skills, extended family, relationship difficulties, previous services, interests, marital adjustment, personal/family history, child rearing practices, hygiene, sexual adjustment, educational attainment, past, present, anticipated and potential living arrangements, employment history, health, nutrition, hospitalizations, drug/alcohol usage, available resources, finances, legal involvement, etc. Care should be exercised so that you disclose only what and as much as you believe is appropriate for NEMHC staff members to know.

You have a legal right to appeal actions taken by NEMHC staff. If you have a concern or suggestion, please inform your assigned staff or a NEMHC supervisor. All adults to whom direct service is provided must sign this agreement. Signature by a parent/legal guardian constitutes consent for services to minors.

A team approach is used at NEMHC. Information necessary to facilitate effective professional service(s) may be shared between NEMHC staff. Videotaping, audiotaping and/or one-way mirror observation may be used to allow the NEMHC team the best possible means to offer service(s), supervision and/or education. If any of these methods are used, they will be applied **ONLY** to assure that **YOU** receive the highest quality service(s); and, you will be informed in advance.

Information you share with NEMHC staff is confidential. It will not be revealed outside NEMHC without your written authorization. The rare exceptions to this policy are vital emergencies and/or legal situations, including:

- Court order for disclosure of information.
- To fulfill legal abuse reporting requirements (all NEMHC staff are mandatory abuse reporters).
- You commit or threaten a crime while on NEMHC premises or in NEMHC service(s).

The undersigned certify his/her/their understanding of the above service policies, requirements and specifications and hereby give his/her/their INFORMED CONSENT to NEMHC.

Authorized Signature

Date

Relationship (if not client)

Authorized Signature

Date

Relationship (if not client)

NEMHC Staff Signature

Date