



CMHSAS-STJ

Consent for Treatment

IDENTIFYING INFORMATION

NAME	DOB		CASE #	GENDER
ADDRESS				

DATE

I hereby consent to treatment and/or services provided by Community Mental Health & Substance Abuse Services of St. Joseph County (CMHSAS-STJ). As part of providing mental health services/supports to me, I understand that CMHSAS-STJ may use and disclose private information about me on a routine basis. The reasons for these routine uses and disclosures are:

1. To provide treatment (also called services/supports) to me.
2. To bill for and collect payment for my treatment (services/supports).
3. For healthcare operations (including but not limited to) maintenance of my clinical record, quality improvement activities, fulfilling a contract or licensure requirement. I understand that consent may be withdrawn at any time.

I understand that if there is a need to use or disclose private information about me for purposes other than treatment, payment and/or healthcare operations, I will be asked to sign an authorization to do so.

I authorize payment of insurance benefits directly to CMHSAS-STJ.

WERE QUESTIONS ABOUT YOUR FEES OR "ABILITY TO PAY" FOR SERVICES ANSWERED?

Yes No

DO YOU HAVE ANY NEED FOR ACCOMMODATIONS/ASSISTANCE WHILE GETTING SERVICES FROM US?

Yes No

INDICATE IF ASSISTANCE IS NEEDED WITH:

Reading Assistance

Writing Assistance

PRIMARY SPOKEN LANGUAGE

DO YOU NEED A TRANSLATOR FOR YOUR APPOINTMENTS?

Yes No

DO YOU HAVE ANY HEARING PROBLEMS WE NEED TO KNOW ABOUT?

Yes No

DO YOU HAVE ANY VISION PROBLEMS WE NEED TO KNOW ABOUT?

Yes No

DO YOU HAVE ANY PROBLEMS GETTING AROUND IN THE COMMUNITY?

Yes No

DO YOU NEED TRANSPORTATION TO GET TO APPOINTMENTS?

Yes No

DO YOU HAVE ANY OTHER MOBILITY NEEDS IMPORTANT FOR SERVICES?

Yes No

AUTOMATED APPOINTMENT REMINDERS

IS IT OK TO SEND A REMINDER TO YOUR PHONE FOR YOUR APPOINTMENTS?

Yes No

PRIMARY PHONE

IF YES, WOULD YOU LIKE TO RECEIVE THE REMINDER BY:

Primary Phone Alternate Phone Cell Phone

ALTERNATE PHONE

IF YES, WOULD YOU PREFER A TELEPHONE CALL OR TEXT MESSAGE?

Telephone Call Text Message

CELL PHONE



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SIGNATURES

STAFF SIGNATURE / CREDENTIALS

DATE

CLIENT SIGNATURE

PRINTED NAME

DATE



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