

FOLLOW-UP CONSENT

I, John Doe, authorize Blank CRM to contact me following discharge for the purpose of monitoring successful goal completion.

This authorization is valid for a period of three (3) years following my discharge and limited to the information above. It is further understood that I have the right to refuse to consent to follow up as specified above, thus releasing Blank CRM of any liability.

Client Signature*:

Staff Signature:

*This consent form must be signed by an Adult (18 years or older) or an authorized legal representative.

GROUP CONSENT FORM

Group counseling can be a powerful and valuable venue for healing and growth. It is the desire of your group facilitator(s) that you reap the benefits group has to offer. Groups are structured to include the following elements:

- A safe environment in which you are able to feel respected and valued as you work.
- An understanding of group goals and group norms - Investment by both your facilitator(s) and members to produce a consistent group experience.

A Safe Environment:

A safe environment is created and maintained by both the facilitator(s) of a group and its members. Primary ingredients are mutual respect and a chance to create trust. Another primary ingredient for a safe environment has to do with confidentiality. Your group facilitator(s) are bound by law to maintain confidentiality, as group members are bound by honor to keep what is said in the group in the group. We realize that you may want to share what you are learning about yourself in group with a significant other. This is fine as long as you remember not to talk about how events unfold in group or in any other way compromise the confidentiality of other group members.

The facilitator(s) of your group may ask you to sign a release form so that they can talk with your individual therapist (if applicable). This is a safeguard for you which allows consultation between group leaders and your individual therapist should the need arise. This also provides you with extra support should a difficult issue come up in group that may need more individual attention.

Limits of Confidentiality:

- If you are a threat to yourself or others (showing suicidal or homicidal intent), your facilitator(s) may need to report your statements and/or behaviors to family, your therapist, or other appropriate mental health or law enforcement professionals in order to keep you and others safe.
- There is a broad range of events that are reportable under child protection statutes. Physical or sexual abuse of a child will be reported to Child Protective Services. When the victim of child abuse is over age 18, reporting is not mandatory unless there are minors still living with the abuser who may be in danger. Elder abuse is also reportable to the appropriate authorities.
- If a court of law orders a subpoena of case records or testimony, your facilitator(s) will first assert "privilege" (which is your right to deny the release of your records although this is not available in all states for group discussions). Your facilitator(s) will release records if a court denies the assertion of privilege and orders the release of records.

Facilitators may consult with other professionals regarding group interactions. This allows freedom to gain other perspectives and ideas concerning how best to help you reach your goals in group. No identifying information is shared in such consultations unless a release has been obtained from you as a group member.

Appropriate Group Conduct:

- Maintain confidentiality - what is said in group, remains in group
- No Cross-talking – it is disruptive
- No leaving group, except in emergencies.
- Use the restroom prior to start of group
- No profanity
- No threats
- No feet on chairs
- No lying down
- No eating or drinking
- No reading, drawing, etc.
- No inappropriate touching
- No criticizing or judging of others
- No rescuing or enabling
- If asked to leave group, do NOT leave the building. Stay in the lobby area or a counseling office.

Attendance:

Your presence in group is very important. A group dynamic is formed that helps create an environment for growth and change. If you are absent from the group, this dynamic suffers and affects the experience of you and other members of the group. Therefore, your facilitator(s) would ask that you make this commitment a top priority for the duration of the group.

It is understood that occasionally an emergency may occur that will prevent you from attending group. If you are faced with an emergency or sudden illness, please contact your facilitator(s) before group begins to let them know you will not be present.

If you are leaving group, please let facilitator(s) know at least one week prior to departure to allow the group to process your leaving.

What to Expect:

Group time consists of both teaching and processing time. Processing may revolve around an issue one member of the group is working on with time for structured feedback and reactions by other members of the group. At times the group may focus on a topic with all members verbally participating. In either case, the group dynamic offers a place where you can experience support, give support, understand more clearly how you relate to others, and examine your own beliefs about yourself and the world around you. These dynamics provide a very powerful environment for change.

Remember, the more you give of yourself during the sessions, the more you will receive. The more honest and open you are, the more you allow for insight and growth.

Consent:

I have read the above information, understand the information, and agree to the terms of group participation.

Printed Name of Group Member: John Doe

Group Member Signature:

Facilitator Signature(s):

In Case of Emergency, please contact:

CONSENT FOR TREATMENT

I voluntarily agree to receive a mental health and medical health assessment, substance use disorder treatment, co-occurring disorders treatment, and discharge/aftercare planning by the staff of Blank CRM to take place primarily on the grounds of the facility located at:

Blank CRM
(Company Address)

I understand and agree that I will participate in my treatment plan, and that I may discontinue treatment and/or withdraw my consent for treatment at any time.

Client Signature:

Staff Signature:

NOTE: All information developed during the course of my treatment is Protect Health Information as defined by Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule and Blank CRM is a covered entity of this rule.

TUBERCULOSIS TEST CONSENT & RESULT

I understand that as a part of the requirement for my admission into Blank CRM, I will submit to a health screening and tuberculosis test.

Client Signature:

Staff Signature:

Tuberculosis Screening Test:

Client Name: John Doe

TB Test:

PPD Given: *(Date)*

Forearm: Right Left

PPD Interpreted: 05/18/2016 Neg Pos

Interpreted by: BestNotes Support