



CONSENT FOR TREATMENT

Client Name: _____

Record Number: _____ Medicaid#: _____

Birth Day: _____ Date of Admission: _____

1. **Consent** - I (we) give consent for services to be provided by Alberta Professional Services as identified in my service plan - "Person Centered Plan (PCP)" or "Individual Service Plan (ISP)." I (we) have been informed of the benefits, potential risks, and possible alternative methods of treatment/habilitation. This consent will continue throughout the client's admission to the service.
2. **Voluntary** - I (we) acknowledge that this service is voluntary and that I (we) may at any time refuse the service offered.
3. **Rules** - I (we) have been informed of the rules and procedures used by Alberta Professional Services in the provision of services. I have been informed of the rules I am expected to follow and the consequences for violating these rules.
4. **Search and Seizure** - I (we) have received a full explanation of Alberta Professional Services' "Search and Seizure" procedure. I (we) agree to the use of this procedure in accordance with the manner prescribed.
5. **Treatment Plan** – I (we) understand that I (we) have the right to participate in the development of the service plan - "Person Centered Plan (PCP)" or "Individual Service Plan (ISP)." I (we) understand that I (we) have the right to ask for and obtain a copy of this plan.
6. **Client Rights** - I (we) understand that as clients of Alberta Professional Services, I (we) have the rights outlined in my program handbook (as provided in the Welcome Packet). I (we) understand that I (we) have the right to contact Disability Rights NC 1-877-235-4210, the statewide agency designated under federal and State law to protect and advocate for the rights of persons with disabilities.
7. **Right to Treatment** – I (we) understand that I (we) have a right to treatment including medical care and habilitation, regardless of age or degree of MH/IDD/SA disability.
8. **Privacy Practices** – I (we) have been given a copy of Alberta Professional Service's Privacy Practices and understand the circumstances under which my personal health information can be released, with and without my consent.
9. **Treatment Model** – I (we) understand that these services will be consistent with the client's strengths, needs, preferences, and goals as stated in a written plan of service. The service plan will be developed by the client's treatment team and/or Alberta Professional Services' qualified professional and approved by the client and/or their guardian consistent with State rules.
10. **Interventions** – APS does not practice planned restrictive interventions. APS only uses such interventions for the protection of individuals and property if the client's behavior warrants such interventions. I (we) have received an explanation of Alberta Professional Services' policy on the use of NCI type physical interventions and agree to allow the use of such procedures on an unplanned, emergency basis.



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11. **Field Trips** - I (we) grant permission for this client to participate in all Alberta Professional Services outings with the acknowledgement that such outings will require his/her being transported away from their home or community based setting/service site. It is my (our) understanding that I (we) will be notified in advance of any overnight or out-of-state outings. I (we) agree not to hold Alberta Professional Services liable in the event of an accident or injury.

12. **First Aid/CPR** - I (we) authorize Alberta Professional Services' employees to render first aid/CPR assistance in my (our) home, community based setting/service site, or during any outing.

13. **Emergency Care** - I (we) authorize Alberta Professional Services to obtain emergency care for myself/this client, if needed. In urgent situations, treatment, including medications, may begin without prior permission; until such time that you can authorize further care.

14. **Charges for Care** – I (we) authorize Alberta Professional Services' employees to seek medical, dental, mental health and other professional services as may be needed and approved by the legally responsible person(s). I (we) agree to be responsible for charges that may be incurred from this client's use of these services.

15. **Medication** – I (we) authorize Alberta Professional Services' employees to administer prescription and over-the-counter medications as ordered by my/the client's physician/dentist/psychiatrist, within the medication guidelines of the program.

16. **Notified about changes in health status** - I (we) understand that I (we) will be notified of any serious illness, any change in medical condition or treatment, or any medications administered to this client as a result of contact with outside service providers.

17. **Transport** - I (we) authorize Alberta Professional Services to transport this client to medical, dental and mental health appointments and to obtain treatment there for this client, I (we) agree to be responsible for charges that may be incurred from this client's use of these services that are not covered by Medicaid or Medicare.

18. **Observation** - I (we) agree to allow observations of this client by professionals and students trained in such areas as teaching, psychology and social work, as well as observations by groups that may tour the program, with the understanding that measures will be taken at all times to protect the client's right to confidentiality.

19. **Exceptions to visitation** - I (we) agree to allow this client to receive visits at their home or community based setting/service site from relatives and friends. If there are **exceptions** to people allowed to visit or call this client are listed below:

20. **Staff as Advocate** – I (we) can have access to APS employees for private conferences when requested and approved by the Director/QP and, also to allow the client to have conferences with his/her advocate.



ALBERTA PROFESSIONAL SERVICES, INC.

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- 21. **Property Destruction** – I (we) agree to respect the rights and property of all other persons being served in this home or community based setting. Any persons willfully destructing property will be responsible for damages.
- 22. **Chores** – I (we) agree to accept responsibilities in this home or community based setting for sharing in daily chores as indicated by the client’s individual service plans, goals interest and abilities.
- 23. **Independent Choices** – Alberta Professional Services employees will support you in making independent choices and/or assume increasing responsibility for making decisions.
- 24. **Photo Consent** - I (we) authorized Alberta Professional Services to use my photograph for promotional purposes. I understand this consent is truly voluntary and can be revoked by me at any time.
- 25. **Personal Funds** - By signing below, I (we) authorize Alberta Professional Services or contracted provider to manage any and all personal funds he/she now has or will acquire during his/her stay at an APS facility, including personal funds, family funds or county, state, federal or any other type of funds. This authorization includes budgeting, deposits, withdrawals, disbursement and other management of all funds. The facility shall be responsible for accounting of all funds according to the policies and procedures outlined in the Alberta Professional Service’s Policies related to Client Funds. I (we) understand I will receive a monthly check from Alberta Professional Services for personal spending money allocated by the state. *This only applies to clients entering a residential service.*
- 26. **Amending this agreement** - I (we) agree that this document may be amended on an as-needed basis and than any such amendment will require the signature of the client and/or his legal guardian.
- 27. **Contact after Discharge** - I (we) agree to allow Alberta to contact me after discharge unless I give written notice.

Client/Legal Guardian Date

Agency Representative Date

Original to be filed in client’s record. Copy to be provided to the client/legal guardian.

This forms meets these standards
Authority: 164.512 of HIPAA ; G.S. 122C-51, 122C-57, 143B-147; 10A NCAC 26B .0201, .0205, .0301, 27D. 0303; DHHS Routine Review Q1a-b, Q2; CARF 2013 BH 1.F.8.c