



## Consent for Participation In Mental Health Program

Client Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

As a consumer of Recovery Technology LLC, I agree/authorize:

1. Recovery Technology LLC to release non-identifying information to LifeWays and to the Michigan Department of Community Health in accordance with Section 748 Public Act 258 of 1974 and Rule 330.1748.
2. To participate or to permit participating in the following services offered by Recovery Technology LLC.
  - a. Outpatient treatment services through Recovery Technology LLC
    - i. Yes
    - ii. No

*I understand that consent may be withdrawn and participation discontinued at any time without penalty. The above service including their purposes, risks, benefits to be reasonably expected, any appropriate alternative and any further questions I had were explained to my satisfaction by \_\_\_\_\_ on \_\_\_\_\_.*

3. Additionally, I certify that I received a copy and explanation of “ A Summary of Recipient Rights” and “Consumer Code of Conduct” prior to receiving services.
4. I understand that I may be tested without consent for HBV/HIV at no cost, per Michigan compiled laws 333.5133 and that I have been offered HBV.HIV information.
5. I have provided:
  - a. An advanced directive that shall be filed in my medical record:
    - i. Yes
    - ii. No

Recovery Technology LLC will recognize a properly executed Durable Power of Attorney for Health but is without authority to provide legal advice or services for consumers seeking to execute an advanced directive. Recovery Technology LLC will administer first aid and call for an ambulance in the event of a medical emergency despite the existence of an advanced directive. A copy of the advance directive will be provided to the medical/surgical facility as necessary.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: A new consent form must be obtained if: a) the Individual Plan of Service is changed to include additional programs or interim circumstances substantially affecting the risks, benefits or other consequences reasonable expected; b) legally competent minor reaches his/her 18<sup>th</sup> birthday; or c) change of guardianship status.

\*Witness is responsible to, in good faith, assure that, if the consumer signs, he was competent to give informed consent (R330:7003) (R300:6012) (a)-(c) Michigan Department of Community Health Emergency Rules, or if the witness does not feel the consumer is competent, please refer to (R330.6011 (3)-(4)). Upon request the consumer may receive a copy of this agreement.