

**JPHSA Acknowledgment and Consent**  
**Behavioral Health Community Services Division**

<b>Individuals Receiving Services from JPHSA</b>		<b>Initials</b>								
<b>Handbook</b>	I have received a copy of the JPHSA Behavioral Health Community Services Handbook.									
<b>Privacy</b>	I have received a copy of the JPHSA Privacy Notice.									
<b>Rights</b>	I have received a copy of the Rights and Responsibilities of Individuals Served.									
<b>Acknowledgement of Abuse/Neglect Reporting Requirement</b>	All health and human service professionals are required by state law to report suspected abuse or neglect of certain populations (e.g. children, elderly or adults with disabilities) to the appropriate authorities. If you have any questions about this, please feel free to ask for a better understanding before you acknowledge.									
<b>Feedback</b>	I received a copy of the JPHSA Feedback form, and I understand that I can provide feedback (positive or negative) and receive a response from JPHSA.									
<b>Appeals</b>	I received a copy of the JPHSA Appeals Process and I understand that I have a right to appeal certain eligibility, service, and fee decisions per JPHSA policies.									
<b>Advance Directives</b>	Do you have a Behavioral Health Advance Directive? Yes <input type="checkbox"/> No <input type="checkbox"/> • If yes, do you have a copy of the directive? Yes <input type="checkbox"/> No <input type="checkbox"/> • If no, would you like information and assistance on completing one? Yes <input type="checkbox"/> No <input type="checkbox"/>									
<b>Possible Reasons for Discharge</b>	I understand that services from JPHSA may be terminated for certain reasons, including but not limited to: <ul style="list-style-type: none"> <li>• Meeting or completing all of the goals on my service plan;</li> <li>• Refusing to participate in services;</li> <li>• Doing something that poses a substantial risk to others, including bringing alcohol, illegal drugs or weapons to meetings with JPHSA staff or into JPHSA buildings;</li> <li>• Demonstrating a need for services that JPHSA is unable to provide; or</li> <li>• Failing to make payments towards services when required or failing to make an effort to adhere to payment plans developed.</li> </ul>									
<b>Drug Screens</b>	During the course of receiving services here, I may be asked to provide a urine drug screen (UDS) to assist in my assessment and treatment. I understand that I have the right to refuse to be administered a UDS.									
<b>Charitable Choice</b>	I have a right to be referred to a faith-based provider for substance use disorder services if I so choose. If I am unhappy with the services provided, I can return to JPHSA to receive these services at any time.									
<b>Consent to Treatment</b>	I have had the opportunity to review the information provided on this page and to ask questions. I understand that my/my child's participation in JPHSA services is voluntary and I authorize JPHSA to provide services for me/my child, including diagnostic procedures and/or hospitalization, except as required by law.									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; text-align: center;">Signature</td> <td style="width: 15%; border-top: 1px solid black; text-align: center;">Date</td> <td style="width: 33%; border-top: 1px solid black; text-align: center;">Parent/Legal Guardian Signature</td> <td style="width: 15%; border-top: 1px solid black; text-align: center;">Date</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center;">Staff Signature</td> <td style="border-top: 1px solid black; text-align: center;">Date</td> <td></td> <td></td> </tr> </table>			Signature	Date	Parent/Legal Guardian Signature	Date	Staff Signature	Date		
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