

**JPHSA Acknowledgement and Consent
Developmental Disabilities Community Services Division**

Instruction: The Individual/Representative must initial on each line and sign at the bottom of the Acknowledgment Form.

_____ I received a copy of the **Developmental Disabilities Community Services Handbook**.

_____ I received a copy of the **Rights and Responsibilities of Individuals Served**.

_____ **Acknowledgement of Rights of People with Developmental Disabilities:** I have had the rights listed on the Rights of Persons Who Have Developmental Disabilities and Principles for Developmental Disabilities Services System reviewed and discussed with me. I have been given a copy of these rights and have been given the opportunity to ask questions about them.

_____ **Privacy:** I have received a copy of the JPHSA Privacy Notice.

_____ **Acknowledgment of Receipt of Medicaid Services Guide:** I have received information entitled “Medicaid Services Chart” from the Entry Unit Staff (EUS) of JPHSA Developmental Disabilities Community Services (DDCS). The purpose of this information has been explained to me, and I have had an opportunity to ask questions relevant to my needs or to the needs of someone who I represent as the caregiver/authorized representative.

_____ **Acknowledgment of Abuse/Neglect Reporting Requirement:** 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 sign. Your signature below acknowledges receipt of this information.

_____ **Feedback and Appeals:** 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. I received a copy of the JPHSA Appeals Process and I understand that I have a right to appeal eligibility, service, and fee decisions per JPHSA policies.

For individuals requesting behavioral health/positive behavioral supports through the Developmental Disabilities Community Services (DDCS) Division. If not applicable, skip this section and sign at the bottom.

_____ **Advance Directive:** Do you have a Behavioral Health Advance Directive? Yes No

- If yes, do you have a copy of the directive? Yes No
- If no, would you like information and assistance with completing one? Yes No

_____ **Possible Reasons for Discharge:**
I understand that services from JPHSA may be terminated for certain reasons, including but not limited to:

- Meeting or completing all of the goals on my service plan;
- Refusing to participate in services;

- 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;
- Demonstrating a need for services that JPHSA is unable to provide; or
- Failing to make payments towards services when required or failing to try to comply with payment plans developed.

_____ **Consent to Treatment:** 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.

(Signature of Person)

(Date)

(Staff Signature)

(Date)

AUTHORIZED REPRESENTATIVE:

I, _____, am the authorized representative
(Authorized Representative's Name)

of _____.
(Person's Name) (Relationship)

(Signature of the Authorized Representative)

(Date)

(Staff Signature)

(Date)