GILA RIVER BEHAVIORAL HEALTH SERVICES

GENERAL CONSENT AGREEMENT

To be signed by person requesting BHS Services…

Gila River Behavioral Health Services (BHS) is responsible for providing access to appropriate and timely behavioral health care. Through our counseling and case management services, out staff will work to understand you and/or your family's current behavioral health care needs. In order to do this, and initial interview is completed and information is collected about the problems you, your child or your family may be experiencing. Additional historical information will be sought from others (e.g.; teachers etc.) when appropriate.

You and/or your family members may be referred to a case manager, a treatment provider for counseling, psychiatric medication or other services that you and the staff believe are necessary at this time. In addition, if you are referred for case manager assigned to your family will assist in coordinating services in order to ensure that you receive the quality and timely services that you are entitled to receive.

Records of BHS are kept confidential. No person, other than clinical staff are allowed access to your records without your consent. There are times, however, when we may need to notify others without permission:

1. When a person is dangerous to self or others (i.e., is suicidal or homicidal)
2. When physical or sexual abuse of a child occurs or is suspected
3. When clinic records are ordered by the Court.

Your signature below indicates that you understand the information and you consent to the treatment services provided through Gila River Behavioral Health Services. Your signature also gives consent to case management services for you and/or your minor child.

_____
Print Client Name if a Minor

_____ _____
Signature required (parent/guardian signature for a child) Date

_____ _____
Signature of child/adolescent as applicable Date

_____ _____
BHS Data Entry Staff Date

Deliver to Behavioral Health Services, New Beginnings Bldg. or Fax to (602) 528-1374