



Consent for Treatment

Medicaid ID

.....

Requested Service(s)

☐ Mental Health
☐ Substance Use

☐ Trauma
☐ Tailored Care Management

☐ Family Counseling
☐ Other [Please specify below]

Other

.....

Client Name

.....

DOB

.....

Response Time

☐ Urgent (2-4hrs)

☐ Emergent (24hrs)

☐ Routine (2-3days)

Email

Phone Number

.....

Address

.....

City

State

ZipCode

.....

.....

.....

Insurance Company Name

- ☐ Alliance
- ☐ Eastpointe
- ☐ Trillium
- ☐ Vaya Health
- ☐ Partners

Are you a minor or have a guardian?*

- ☐ No
- ☐ Yes

Name of Parent or Guardian

Guardian Relationship

Guardian Signature

Guardian Signed Date

I have read The Genesis Project, Inc. Notice of Consumers' Rights and Responsibilities. I understand that the service partnership requires efforts by both The Genesis Project 1 staff and the consumer and consent to begin treatment for myself or my child. I further understand.

- Clients have the right to refuse treatment as described in the NC General Statute, without threat or termination of services except as outlined in statute.
- Consent for treatment may be withdrawn at anytime

I have reviewed the Notice of Privacy Practices which provides information about how Genesis Project 1, Inc. can use or disclose my or my child's health information. I am aware that I may be requested to consent to the use or disclosure of health information to carry out treatment, payment, or health care operations. By signing this Consent form, I: (1) Acknowledge that a copy of the HIPPA Compliance Statement and Notice of Privacy Practices has been provided to me; and (2) Consent to Genesis Project 1, Inc. use and disclosure of my health information for treatment, payment, or health care operations, as described in the Notice of Privacy Practices.

In addition, I am providing consent that my child may receive treatment at home, school, or in any community setting and that Genesis Staff may seek emergency care for me or my child from a hospital or physician.

In fairness to consumers wanting to secure timely services from Genesis Project 1, consumers who miss an appointment without notifying the staff may typically be allowed no more than two additional consecutive "no show" before they become discontinued from services. Also, consumers who do not participate or fail to respond to Genesis Project staff over the course of 60 days, maybe discontinued services.

Consent

☐ Agree ☐ Disagree

Consent Signature

Consent Signed Date

Staff Email [OFFICE USE ONLY]

.....

Staff Name [OFFICE USE ONLY]

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Staff Signature

Credentials

Date

.....

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