CONSENT FOR ASSESSMENT FOR LEVEL OF CARE

I authorize_____to conduct an assessment and provide a referral for
(Provider Name)

services for_____.
(Service Recipient)

I agree to participate in the assessment and referral process to the best of my ability.

I understand that this consent will remain valid so long as I am enrolled in Mercy Care RBHA, the GSA6 Regional Behavioral Health Authority (RBHA), or until I withdraw consent.

I understand that by signing this consent form, I am giving permission to the Arizona Department of Health Services, all members of the Eligibility and Evaluations Department and Mercy Care RBHA, the RBHA, to access my information and records.

I understand that all of the information gathered in the course of this assessment and referral process is confidential, and may only be disclosed in accordance with state and federal law.

I agree to participate in the assessment and to be referred for an appropriate level of services based upon the results of the assessment.

☐ I want to be assessed and have a determination made about my eligibility for Serious Mental Illness (SMI) services. _____(Initials)

☐ I do not want to be considered for Serious Mental Illness (SMI) services and would like a referral for General Mental Health (GMH) services only. _____(Initials)

☐ I understand that I was previously determined eligible for Serious Mental Illness (SMI) services and this determination will be upheld. I agree to a new Mental Health Assessment for the purpose of updating information and reengagement in SMI services.
_____(Initials)

_____
Service Recipient (Print)

_____ _____
Service Recipient (Signature) Date

_____ _____
Parent/Legal Guardian Date

_____ _____
Staff Member (Witness) Date