

ARIZONA FAMILY RESOURCE COUNSELING CENTER

ADULT INFORMED CONSENT

I understand that care is a cooperative effort between me and my provider. I will work with my provider in a cooperative manner to resolve my difficulties. I understand that it may be necessary for my provider to share my information with another provider who is covering in their absence.

I understand that confidentiality of records and information about me is protected by state and federal laws. I also understand that state and local laws require the provider to report all cases of physical or sexual abuse or neglect of minors or elderly and cases in which there exists a danger to self and/or to others.

I understand that I have chosen to receive services voluntarily and that I may terminate care at any time. I will discuss any concerns I may have with the provider.

I understand that during the course of my care, material may be discussed which will be upsetting in nature and this may be necessary to help me resolve my problems.

I understand that all of the providers at Arizona Family Resource Counseling Center are independent contractors. As such, each is wholly and completely responsible for his/her professional practice, care/clinical treatment.

Treatment Consent: I consent to psychiatric consultation/evaluation and treatment (including medication, if indicated). Treatment, if indicated will be discussed and accepted by me. If I have any questions or concerns, I will discuss them with my provider.

I have read and understand the HIPPA Notice of Privacy Practices:

Signature of Patient/Legal Guardian

Date

Grievance/Complaint Policy

Any concerns regarding your care/treatment may be directed to the Office Manager or Medical Director.

After Hour Emergencies

For urgent situations only, which require immediate assistance, please call 602-208-5067. For all life threatening emergencies call 911.