

# COMMUNITY REACH CENTER SERVICE AGREEMENT



TIER: \_\_\_\_\_ MRN: \_\_\_\_\_

Consumer name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(MM/DD/YYYY)

## Consent to Treatment

\_\_\_\_\_ I voluntarily consent to behavioral health care and treatment performed by the behavioral health providers at  
*Initial* Community Reach Center, including screening, assessment, counseling, and consultation with staff providing psychiatric and nursing services. I understand the risks and benefits of behavioral health services, including the risks associated with declining a specific service. I understand that I can ask about alternative services that may be available, to request a second opinion, to actively participate in creating my plan of care, and/or to revoke this consent at any time.

\_\_\_\_\_ **I attest that I have legal guardianship of the above Consumer and/or have authority to make**  
*Initial* **medical decisions on their behalf.**

## Confidentiality Disclaimer

CRC protects the confidentiality of all our Consumers in accordance with the federal and state laws and regulations regarding privacy, including but not limited to those governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. part 160 -164 and Colorado Revised Statutes (CRS 27-65-101 et.seq. & Standard CF.1 et.seq.). There are exceptions to the rule of confidentiality some of which are listed in section 12-43-218 and in the Notice of Privacy Rights that you were provided, which describes the ways in which the agency may use and disclose your healthcare information for its treatment, payment, healthcare operations and other prescribed and permitted uses and disclosures. These and other exceptions can be explained and will be identified to you should any such situations arise during therapy. In general, the exceptions include a "threat of serious harm to yourself or others" as in the case of child abuse, elderly/at risk adult abuse, suicide, grave disability; under a court order; or in response to any legal action taken by you against this agency. You may contact the agency Privacy Officer designated on the notice if you have a question or complaint.

\_\_\_\_\_ **I have been offered a copy of the Community Reach Center Consumer Handbook, and I understand my**  
*Initial* **rights and responsibilities as a Consumer or as the Consumer's Legal Guardian.**

## Consent for the Use of Telehealth for Live Video Visits

I understand that to receive services via a Telehealth method, Colorado law requires that I consent to the following:

1. I have the option to refuse the delivery of services via the Telehealth method at any time without affecting my right to in-person services and without risking the loss or withdrawal of any early intervention service to which my child and/or I would otherwise be entitled.
2. All applicable confidentiality protections, as defined in the Community Reach Center Consumer Handbook shall apply to the services.
3. I shall have access to all information resulting from the sessions conducted via Telehealth as provided by applicable law.

- I give my consent for the use of the Telehealth method.**
- I decline the use of Telehealth method.**

\_\_\_\_\_  
**Consumer's or Authorized Representative's Signature**

TIER: \_\_\_\_\_ MRN: \_\_\_\_\_



### Consent to Email/Text Communication

I confirm I wish to communicate with Community Reach Center staff by email/text messages, and I attest to the following statements:

- It is my request to use email/text. Any decision by either me or staff to stop the use of email/text will be respected. Any resumption will therefore require a new Text/Email Consent Form.
- I understand normal text message rates may apply and will not be reimbursed by Community Reach Center.
- It is my responsibility to inform the service of any changes in email addresses, mobile numbers or lost mobile devices as soon as possible.
- Email/Text communications are not secure, and the confidentiality of this communication cannot be guaranteed.
- No therapeutic services will be provided via email/text communications.
- No emails/texts with urgent messages will be sent – messages will not be regularly monitored, and email/text communication is not intended for crisis intervention.
- I understand the Community Reach Center is prohibited from supplying billing information utilizing email or text.
- I understand that all email/text communications will be documented in my chart and will be available for review by individuals authorized to access my health information.
- I have understood the conditions as set out above and have been made aware of the associated risk with regards to data protection.

I authorize communications via **Email. Address:** \_\_\_\_\_  
**Text Message. Number:** \_\_\_\_\_

I decline the use of email/text communications

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### Consumer's or Authorized Representative's Signature

### Emergency Plan and Procedure Acknowledgement

\_\_\_\_\_ I acknowledge I have been oriented to the facility's emergency exits and/or shelter, as well as the general procedures  
*Initial* of the agency in the event of a facility-wide emergency. This information has been explained to me in such a way that I understand the content and the purpose. I have had the ability to ask questions and have my questions answered.

I, the undersigned, as the Consumer or Legal Guardian for a minor Consumer, hereby certify I have read, and fully and completely understand this Consent to Treat and Service Agreement for behavioral health treatment, and that I have signed this Consent to Treat and Service Agreement knowingly, freely, voluntarily and agree to be bound by its terms. I have received no promises, assurance, or guarantees, either expressed or implied from anyone as to the results that may be obtained by any treatment or services.

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**Consumer's or Authorized Representative's Signature**

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**Date**

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**Print Name**

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**Clinician's Signature**

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**Date**

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