

**MOUNT ROGERS COMMUNITY SERVICES BOARD
CONSENTS**

Date: _____

Individual's Name: _____

DOB: _____

Mark all items that are applicable:

Agency Items

- Privacy Notice: Received
- Notification of Rights: Received Read to me and unable/unwilling to sign
- Transportation Release: Received Yes, I give consent No, I do not give consent
- Photo/Video Release: Received Yes, I give consent No, I do not give consent
- Group Activities Consent: Received Yes, I give consent No, I do not give consent
- Emergency Medical Treatment Release: Received Yes, I give consent No, I do not give consent
- Voice Mail Consent: Received Yes, I give consent No, I do not give consent
- Orientation: Reviewed

Adult Community Counseling Items

- Community Counseling Services: Yes, I give consent No, I do not give consent
- Orientation to Psychiatric and Nursing Services: Received Did not receive
- Community Counseling Services Participation Agreement date 06/2005: Reviewed Was not reviewed

Crisis Stabilization (Cornerstone) Items

- Orientation Process: ___ Reviewed
- Rules for Conduct: ___ Read or had read to me

Emergency Services Items

- Emergency Services Document: ___ Received

Medication Administration Items

- Medication Administration: ___ Yes, I give consent ___ No, I do not give consent ___ N/A

IDC Items

- IDC Handbook: ___ Reviewed
- State and Federal Tax Forms: ___ Reviewed and completed ___ N/A
- Drug and Alcohol Statement: ___ Reviewed
- Transportation Auth: ___ I give permission ___ N/A
The following have permission:

- Transportation Rules: ___ I agree to the conditions ___ N/A
- Special Minimum Wage Rate: ___ Received ___ N/A
- Volunteer Act: ___ Yes, I give consent ___ No, I do not give consent ___ N/A

Youth Outpatient/Psych Items

- Protocol for Outpatient Services: ___ Received and consent ___ I do not consent to terms

I, _____, am agreeing to the above marked items.

Individual's Signature

Date

Parent/Guardian's Signature

Date