Alameda County
Department of Behavioral Health Care Services
Mental Health Division

Client Name:
Birth Date:
Chart No:
PSP Client ID No:

Admit Date: Reporting Unit:

Information Regarding Consent for Treatment

As a person requesting services at this program, please read this page while you wait for your meeting.

Before you receive services, you should know that you will be asked to sign a form to give your consent for voluntary treatment and services.

You will also be asked to sign a form that describes how your records are kept confidential, except when a staff person is required by law to discuss your case with people outside the mental health system. Those situations include:

- 1. If you threaten to harm another person, then that person and/or the police must be informed.
- 2. Any time child abuse is suspected, it must be reported.
- 3. Any time abuse of an elder or dependant adult is suspected, it must be reported.

Please discuss this with the staff before signing, if you have any questions.

We want to provide a safe, comfortable place for our clients and ourselves, so we ask that everyone follow the rules below:

- 1. No violence or threats of violence will be permitted on these premises.
- 2. Although we understand that some clients carry weapons for self-protection on the streets, none will be permitted in our buildings or on any property next door.
- 3. No abuse or damage to property.
- 4. No rudeness, abusive language, or invasion of other's privacy.

People who behave those ways on purpose may be asked to leave, and services may be temporarily or completely stopped. Legal action may be taken, if indicated.

Freedom of Choice

It is our responsibility, as your mental health program, to tell you verbally or in writing that anyone receiving our services (including parents or guardians of children/adolescents) should know that:

- A. Acceptance and participation in the mental health system is voluntary; it is not a requirement for access to other community services;
- B. You have the right to access other Medi-Cal or Short-Doyle/Medi-Cal services and have the right to request a change of program and/or staff.

Alameda County works with people and their families to grant every reasonable request, but we cannot guarantee that all requests to change a program and/or staff will happen.

Your signature below means that you were told or given all of the information on this page.

Client Signature		Date	
	-Parent or Guardian, If child-		
Staff Signature		Date	