

Resource Center Agreement and Consent for Services

Agreement

This agreement and consent is between the _____ Resource Center and [name of applicant or legal representative] who mutually agree and consent, each in consideration for the promises of the other, as follows:

Resource Center, as a party to this agreement acknowledges responsibility and agrees with the person signing this consent to:

1. Provide care, treatment, and training for [name of applicant].
2. Provide treatment based on an individual support plan that shall be based on a comprehensive functional assessment. The individual support plan shall include, as needed, a behavior support plan, clinical care plan, risk management plan, and an individual education plan.
3. Develop this plan within 30 days of admission and to update the plan at least annually.
4. Develop the plan and make any revisions with the opportunity for full participation of the applicant and legal representative.
5. Review the plan on a regular basis to identify needed modifications and notify you of any revisions.
6. Notify you of any abuse allegations, serious illness, special treatment, hospitalization, or surgery needed and recommended routinely or in an emergency by a physician or surgeon licensed to practice medicine or surgery.
7. Seek your informed consent for approval for participation in treatment which includes invasive or potentially harmful procedures, programmatic use of restraints, use of a behavior modifying medication, nonemergency transfer to another facility, programmatic use of aversive stimuli or response cost, programmatic use of time out, medical consents that are restrictive based on a medical condition, and participation in experimental research.
8. Protect as confidential all of the individual's care, treatment, and training records and photos. Records and photos are to be used or shared only with your informed consent as indicated in the Resource Center's Notice of Privacy Practices.
9. Provide you with reasonable access to the Resource Center's record for [name of applicant].

Consent

In consideration of the foregoing agreements, I hereby:

1. Consent, except as noted below, to the treatments, evaluations, and services specified in the individual support plan and authorize the Resource Center to provide routine and emergency medical, surgical, dental treatment, and all vaccinations and immunizations prescribed.
 - a. This consent also covers diagnostic procedures, x-ray, laboratory analysis, dental assessment, psychological assessment, psychiatric assessment, speech and language evaluation, audiological evaluation, psychosocial evaluation, chaplaincy assessment, motor functioning assessment, occupational and physical therapy, educational assessment where appropriate, vocational assessment, and other specialized assessments based on the individual's needs.
 - b. Exceptions:
2. I understand that:
 - a. Providing all the information requested is essential to providing the best services and failure to provide information may reduce the quality of a service and limits of liability of the Resource Center to the extent the information is essential to a service. Failure to provide adequate information can lead to discharge.
 - b. No outside person or agency shall have access to my Resource Center record information without my consent.
 - c. My confidential information may be shared with other resource center or the Department of Human Services employees who have a need to know to perform their legal duties.
 - d. The Resource Center shall, upon request, release confidential information to other agencies who have a legal right to the information and who have confidentiality requirements at least as restrictive as those of the Resource Center. These agencies include, but are not limited to, federal and state auditors, Social Security Administration, Internal Revenue Service, Department of Education, Area Education Agency, Iowa Foundation for Medical Care, Department of Inspections and Appeals, and Iowa Protection and Advocacy.
 - e. The Resource Center's focus for the individuals it serves is to work on barriers to discharge that exist for the individual with the goal of helping the individual move to the most integrated setting consistent with the individual's needs and choice.
 - f. Placement planning may require that I provide additional information to complete applications for various community facilities and, if necessary, I will be asked to consent to the release of confidential information at that time.

I hereby certify that I have read, or have had read to me, and fully understand the contents of the above agreements and the reasons why consent to same has been requested and is granted.

This consent is valid until _____ .

I understand that I have the right to change or withdraw this consent at any time.

Applicant (or Legally Authorized Representative)

Date

Resource Center Representative

Date

Title