



CONSENT FOR SERVICES

I understand that I am eligible to receive a range of services at The Alamo Area Resource Center (AARC). I understand that the Alamo Area Resource Center (AARC) provides a variety of services, which include: Case Management, Re-entry Case Management, Early Intervention Services (THRIVE), Patient Navigation, Mental Health and Substance Abuse Counseling, Health Insurance Continuation, Transportation, Housing and/or Prevention. I understand that eligibility for services is contingent upon programs' requirements and funding available. I understand that all services are voluntary and I can refuse services at anytime. I further understand that appropriate referrals will be provided to me if it is determine that I would be best served by a community resource.

I understand that all information shared with AARC's staff is confidential and no information will be released without my consent. I understand that during the course of receiving services and/or treatment at AARC, it may be necessary for my case worker/counselor to communicate with other providers. I understand that consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is risk of imminent danger to myself or to another person, the case worker/clinician is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, the case worker/clinician is legally required to take steps to protect the child, and to inform the proper authorities.
- C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

I have received and understood also the following documents:

- HIPAA Communication
- Bill of Rights
- Permission to Share
- ARIES Application for Services
- ARIES Consent
- Grievance Procedure
- House Rules
- The Resource Guide
- I understand I must review my eligibility documents with my case manager/intake specialist every six months in order to continue receiving services at AARC.

By signing I acknowledge that I have read, understand, and given the opportunity to ask questions concerning the consenting for services.

Client Signature _____ Date: _____

Staff Signature _____ Date: _____