

Revoked: Yes Date:

COMCARE of Sedgwick County
Consent for Treatment, Acknowledgement of Notice of Privacy Practices,
Acknowledgement of Client Rights & Responsibilities Information,
and Consent To Transport Minors

I consent for treatment/evaluation for myself at COMCARE of Sedgwick County.

I authorize and give consent for _____ to be treated in evaluation, therapy, medication management, case management and/or additional supported services at COMCARE of Sedgwick County.

I authorize and give consent for _____ to be transported by COMCARE employees as part of community based treatment services and in the event of medical and/or other emergencies

I acknowledge that a copy of Sedgwick County's Notice of Privacy Practices has been made available to me with the effective date of April 14, 2003.

I have been given a verbal explanation and copy of COMCARE's **Client Rights and Responsibilities** document and grievance protocol. I understand that if I have further questions about the information in the **Client Rights and Responsibilities** document, patient privacy or how to file a grievance I may call my care provider or the Program Manager where I receive services for a verbal explanation and/or assistance

Consumer's Signature	Date
Parent/Legal Guardian Signature	Date
Relationship to Client, other than Self	
Witness Signature	Date

Name: _____ Patient ID#: _____
Consent for Treatment/Client Rights and Responsibilities/Transportation of Minors/Acknowledgement of
Privacy Practices
22.008 Revised 12/03; 06/06;04/18/11