Abraxas
a GEO Group Company

Southern Peaks Regional Treatment Center
Consent to Treatment

I. I give my consent to Southern Peaks Regional Treatment Center (SPRTC) to provide me with treatment services in accordance with the provisions of my placement in the program, and as outlined in the program description.

II. I will participate in the development of a treatment plan with my counselor/therapist/treatment team. This will be an individualized plan to assist me in gaining the most benefit from SPRTC. I understand the purpose of treatment is for me to set and achieve goals that will help me resolve my issues or problems and successfully complete the program.

III. I understand that a specific consent to medical treatment will be signed by me, my parent/guardian, or referring agency, depending upon the type of medical treatment or services to be provided, as well as the requirements of applicable state laws and licensing regulations.

IV. As a participant of SPRTC, I am entitled to certain rights related to confidentiality and privacy. The specific information will be explained to me and documentation provided to me (*see # VI below*). Generally, the program may not disclose to a person outside the program specific information related to my participation in the program with the following exceptions:

- The disclosure is permitted by an appropriate court order
- The disclosure is made to medical personnel in a medical and/or psychiatric emergency
- If I make a threat or attempt to harm myself or someone else; this information may be reported to crisis intervention services, a local mental health delegate, or the appropriate authorities
- If I make a disclosure that I have perpetrated another victim that is not currently part of the information in my record (e.g., stole a car, robbed a home, murdered someone, sexually molested a child, raped someone, destroyed property by setting a fire); this information may be reported to the appropriate authorities (e.g., juvenile probation officer, caseworker, child abuse hotline)
- If I commit a crime, or threaten to commit a crime against the program or any person who works for the program; this information may be reported to the appropriate authorities

- If I attempt to leave the program involuntarily (AWOL); this information will be reported to my referring agency representative and other authorities as defined by program policy

V. I understand that if in the course of my treatment I reveal that I have been the victim of child abuse or neglect, SPRTC is mandated to report this information to the appropriate state and/or local authorities.

VI. I have also read, or it has been read to me, the ***Client Rights*** form and the Abraxas ***Notice of Privacy Practices****,* and I understand the provisions of these documents. Copies of both documents have been offered to me by the employee named below.

I understand that SPRTC may use and disclose protected health information (including but not limited to name, address, health history, symptoms, examination and test results, diagnosis and treatment) for treatment, payment, or health care operations. I also understand that this does not preclude any existing federal or state confidentiality regulations applying to this program that may be more restrictive with regard to release of confidential client information.

I understand that Abraxas reserves the right to change its privacy practices and will immediately post the changes and provide me with a copy of any revised notice at my request.

VII. I have read all of this form, or it has been read to me by the Abraxas employee named below, and I understand each provision of this form. I understand that I am bound by the terms of this document by freely and voluntarily signing it without any pressure or enticement.

- **Client was provided a copy of this form**

Client: Signature:____ Date:___________________

Date of Birth:___________________

Parent/Guardian: ____ Date:_______

Staff Witness (print name):____

Staff Witness (signature):____ Date:______

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