

ArkSTART Consent for Treatment

Complete all three portions of referral packet and fax to 844-834-2678 OR call 888-570-2146 to begin a referral.

A referral is not considered complete until the Rapid Referral Form, Consent for Release of Information, and Consent for Treatment are completed.

Referrals meeting requirements will be assigned a START Coordinator. Visit our website at www.ArkSTART.org for more information.

Office Use Only

Client ID:

Date Received:

Received by:

Individual's Name:

Date of Birth:

Purpose of services:

The purpose of ArkSTART services is to enhance the abilities of the current system of services through a systems-linkage approach to supports. Services are provided to individuals that have Intellectual/Developmental Disabilities and behavioral health conditions or challenging behaviors. START promotes systemic, person-centered approaches and training for individuals, families and caregivers with positive behavioral supports and other therapeutic tools, provision of multi-modal clinical assessments, and optimal utilization of existing resources.

Initially services involve an assessment process, which begins with a meeting with service providers, legally responsible person, and family members. Based on the assessment process, the ArkSTART Coordinator may complete a Comprehensive Service Evaluation (CSE) that provides an in-depth overview of an individual's services in order to identify opportunities to strengthen service outcomes for the individual and their families.

When an individual is referred for START services, ArkSTART will become a member of the individual's support and treatment team. As a team member:

- ArkSTART should be notified of concerns involving the individual.
- ArkSTART should be notified of and participate in meetings involving the individual.

Service providers, individual, and legally responsible persons should participate in ArkSTART meetings.

Confidentiality:

For treatment purposes, ArkSTART will:

- Routinely meet with the person's "team" (made up of current service/support providers) to ensure all members and ArkSTART are aware of issues to be addressed or potential needs.
- Current services providers will receive copies of START clinical reports and plans.
- Coordinators may occasionally find it helpful to consult other professionals about a case without revealing your identity. The other professionals are also legally bound to keep the information confidential.

I have been provided a copy of the Notice of Privacy Practices and had a chance to ask questions. Unless identified in the Notice of Privacy Practices, or for treatment purposes, or required by law, no information will be released without my consent.

I understand there are specific and limited exceptions to confidentiality which include the following:

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

Right to refuse or withdraw consent:

ArkSTART services are voluntary and may be terminated by you at any time.

Time frame covered by consent

This consent will expire 12 months from the date of signature, unless otherwise specified.

Your signature below indicates that you have read, understand, and had the opportunity to ask questions about this agreement and that you voluntarily agree to participate in services.

- If the person receiving services has a legal guardian or Power of Attorney (POA), the guardian or POA acknowledges this document and voluntarily agrees to the individual's participation in services. A copy of the guardianship/Power of Attorney will need to be maintained in the ArkSTART file.*

Signature of Individual (if no Legally Responsible Person has been appointed)	Date	Witness as Necessary	Date
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Signature of Legally Responsible Person* Date	Authority of Legally Responsible Person
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