



## Consent for Services

1. I, the undersigned, confirm that I am requesting services and have received/been offered a copy of the Intake Packet including the Grievance Notice and Advance Directive Information (as applicable).
2. For consistency of care, Central Minnesota Mental Health Center (CMMHC) coordinates care within our agency for all programs. This allows all providers within CMMHC to access your electronic health record (EHR). We follow HIPAA guidelines regarding confidentiality and abide by minimum necessary standards.
3. If you are a CentraCare Health patient, you consented to coordination of care with all providers in the Epic Care Link Network. CMMHC is a provider within the Epic Care Link Network. CMMHC staff who have been approved by CentraCare have view-only access to some parts of your health record (Epic) at CentraCare. This allows us to view your electronic health record (EHR) as needed for coordination of care. If you have additional concerns regarding what this entails, please follow-up at your CentraCare clinic.
4. We value Health Integration; therefore we would like to coordinate with your Primary Care Provider (PCP) to address both physical and mental health together. Can we notify your doctor to let them know you are receiving services at CMMHC?
  - Yes (If yes, please obtain an Authorization of Disclosure (ROI) - This allows us to send a letter to your PCP)
  - No (No further action required)
5. I, the undersigned, attest that I am the client, parent, and/or guardian and I hereby authorize CMMHC to provide treatment to the above-named client. I understand that treatment goals, frequency, and estimated length of treatment will be established following the diagnostic assessment (if necessary).
  - Specify relationship: \_\_\_\_\_
  - Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client, Parent, or Legal Guardian

\_\_\_\_\_  
Date