Job Corps – Informed Consent to Receive Mental Health and Wellness Treatment

I,_____, consent to receive services from the Job Corps,
Print Name of Job Corps Applicant

through appropriate mental health personnel, to promote and maintain my mental and emotional well being. The services may involve mental health and/or substance abuse counseling, educational activities, medications, and other methods and services as deemed necessary by the wellness staff.

The Job Corps center operates under a team approach and I understand all treatment is confidential, as limited in the following special circumstances:

1. If the staff believes it is in the best interest of my treatment to share some information with other center staff, they will do so only on a need to know basis as allowed through the authorization for disclosure under HIPAA (the Health Insurance Portability and Accountability Act) that I have signed.

2. If I become a danger to myself or others, center staff will take measures to maintain my safety, and the safety of others. This may include a medical separation based on an evaluation by the health and wellness staff.

3. If I disclose any past or present abuse of a minor, center staff is legally required to report the abuse to the appropriate children's social services agency.

4. If I disclose any past or present abuse of an elder, center staff are legally required to report the abuse to the appropriate adult protective services agency.

I have read and understand the above information concerning mental health and wellness assistance, my privilege of confidentiality and the limitations to it. This consent will remain in force during my stay in Job Corps.

_____/_____
Job Corps Applicant's Signature Date

_____/_____
Parent's Signature (Required if Minor) Date

_____/_____
Admissions Counselor's Signature Date