



CONSENT FOR ASSESSMENT

I authorize _____ to conduct an assessment and provide a referral for services for
(Provider Name)

(Service Recipient)

I agree to participate in the assessment and referral process to the best of my ability.

I understand that this consent will remain valid so long as I am enrolled in my assigned Regional Behavioral Health Authority (RBHA), or until I withdraw consent.

I understand that by signing this consent form, I am giving permission to the Arizona Health Care Cost Containment System, all members of the Eligibility and Evaluations Department and the RBHA, to access my information and records.

I understand that all of the information gathered in the course of this assessment and referral process is confidential, and may only be disclosed in accordance with state and federal law.

I agree to participate in the assessment and to be referred for an appropriate level of services based upon the results of the assessment.

_____(Initials) I want to be assessed and have a determination made about my eligibility for Serious Mental Illness (SMI) services.

I understand that if determined SMI, I will be enrolled in an integrated health plan, which provides comprehensive physical and behavioral health services. I understand that this could result in a change in my physical healthcare provider network

_____(Initials) I do not want to be considered for Serious Mental Illness (SMI) services and would like a referral for General Mental Health (GMH) services only.

_____(Initials) I understand that I was previously determined eligible for Serious Mental Illness (SMI) services and this determination will be upheld. I agree to a new Mental Health Assessment for the purpose of updating information and reengagement in SMI services. If it is determined I was not previously approved for SMI services, I request a determination for SMI eligibility.

Service Recipient (Print)

Service Recipient (Signature)

Date

Parent/Legal Guardian

Date

Staff Member (Witness)

Date

