



Youth

APPLICATION FOR SERVICES
CONSENT TO SERVICES
ADVOCACY / REFERRAL LIST
ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

Application for Services:

I do hereby request psychological and/or psychiatric services from _____
(Agency)
for myself or _____, who is legally in my care. I understand that this formal request for services is for licensed and/or certified care under WAC 388-865 which details the types and manner of treatment I may receive. This request is made completely voluntarily and in no way limits my ability to seek help for myself from other medical services, social care agencies, private sector providers or natural care givers. I understand that I am strongly encouraged to seek a medical checkup if I have not done so recently.

Consent to Services (Authorization):

I do hereby consent and authorize _____ to provide any
(Agency)
appropriate licensed and/or certified care under WAC 388-865 as may be determined to be needed for my treatment. I acknowledge my right and responsibility to participate in the development of an individualized treatment plan and to approve and sign it prior to standard outpatient and/or medication therapy.

This application for services and consent/authorization for treatment shall expire upon termination of my treatment and formal closure of my file.

Advocacy/Referral List:

I acknowledge receipt of the local Advocacy Group and Referral List.

Acknowledgement of Notice of Privacy Practices

I have received and had the opportunity to read the Notice of Privacy Practices given to me by

(Agency)

By signing this document, I am verifying the above.

Consumer Signature/Legal Guardian

Date

Clinician Signature

Date