

### Consent to Service and Acknowledgement of Receipt of L.U.K. Policies

<b>Client Name:</b>	<b>Agency Number:</b>
<b>Program Name:</b>	<b>Admission Date:</b>

I have discussed the following information with staff:

- I will be an active participant in all service decisions
- I will be provided services in a manner that is respectful, non-threatening, and that supports my rights for voice and choice
- I may request to review my care, treatment, or service plan
- I can refuse any service, treatment, or medication, unless mandated by law or court order
- I will be informed about the consequences of such refusals to service, treatment, and/or medication, which may include discharge
- I have been informed of risks and benefits of the service
- I have been informed of alternative services.
- I have been informed of the anticipated length of service

*Adult Client:* By signing below I am giving my consent to receive \_\_\_\_\_ service from LUK, Inc. I have the right to revoke this consent at any time in writing.

*Minor Client (required for ages 12+):* By signing below I am agreeing to receive \_\_\_\_\_ service from LUK, Inc.

*Parent/ Guardian:* I consent for my child/ the child for whom I am guardian, named above, to receive \_\_\_\_\_ service at LUK, Inc. I have the right to revoke this consent at any time in writing.

*The above consents will be valid until **one year** from the signature date.*

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<b>Client/ Participant Signature</b>	<b>Date</b>
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<b>Parent/Guardian Signature</b>	<b>Role</b>	<b>Date</b>
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<b>Staff Signature</b>	<b>Date</b>
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If signature not obtained, reason must be listed below:

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***I have received and have been informed of the following policies and procedures and understand that I am free to ask questions at any time throughout my service:***

	Person's Served/Parent/Guardian Initials
Notice of Privacy Practices	_____
Confidentiality Policy & Procedures	_____
Communicable Disease Policy	_____
Physical Examination Policy (Substance Abuse Services Only)	_____
Facility- Specific Emergency Evacuation Plan (LUK Facility-Based Services Only)	_____
Program Brochure/Handbook	_____
After Hours Instructions	_____

I also understand that this acknowledgement will be placed in my record.

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Client/ Participant Signature	Date
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Parent/Guardian Signature	Role	Date
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Staff Signature	Date
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I DO / DO NOT authorize my child to go to and from the program on their own.

***If receiving home or community based services:***

If I am not present at my home/apartment when my child is dropped off, **I DO / DO NOT** (*please circle and initial*) give permission for LUK staff to leave my child in my home/apartment without adult supervision.