



Consent to Services

I/We hereby give my consent to participate in programs offered by Madraigos Midwest. I/We understand that this consent is voluntary and I/We may revoke my consent in writing at any time.

I/We understand that the staff of Madraigos Midwest periodically conducts program studies to evaluate programs within the Agency. I/We understand and acknowledge that the staff of Madraigos Midwest will protect my privacy and maintain confidentiality regarding protected health information about me or any information I/We choose to give in connection with program studies or evaluation.

I/We understand that I/We have the right to inspect any written records disclosed by Madraigos Midwest as provided for in the Illinois Confidentiality Act and in the Health Insurance Portability and Accountability Act (HIPPA) of 1996.

I/We understand that my confidential information will be protected by the staff of Madraigos Midwest as provided by the Illinois Mental Health and Development Disabilities Confidentiality Act and in the Health Insurance Portability and Accountability Act (HIPPA) of 1996. If my participation in the programs of Madraigos Midwest includes group treatment, I/We agree to honor the confidentiality of other group members.

The right to confidentiality is waived for the following circumstances:

1. Madraigos Midwest is required by law to report to the Illinois Department of Children and Family Services any suspected or known case of child abuse and the Department of Aging any suspected or known case of elder abuse.
2. Madraigos Midwest is required by law to notify appropriate persons that I/We may be dangerous to myself or to others.
3. Madraigos Midwest is required to produce information required by court order.

I/We have been informed of my rights and have had an opportunity to have any questions I/We had answered. I/We understand them and agree with them.

Client Signature

Date/Year

Signature of Parent(s)/guardian (must sign if under 18)

Date/Year

Print _____

Client Names

Date/Year

Mdraigos Midwest Staff Signature

Date/Year



Revocation of the above consent

I/WE, _____ revoke consent to service described above.
Client name

Signed: _____ Date _____
Client Signature

Signed: _____ Date _____
Parent(s)/Guardian (If under 18)

Signed: _____ Date _____
Mdraigos Midwest Staff Signature