



Consumer Name _____

Insurance Carrier _____

Transfer of Services / Consent for Treatment

Application is hereby made by the undersigned for voluntary admission to the services of The Roberts Group Counseling, LLC as a voluntary consumer under the provision of OS 43A Section 9-101.

I certify that I am eighteen (18) years of age or over. Voluntary admission may be made for any person eighteen (18) years of age or over on his/her own signature. Any person at least sixteen (16) years of age may be admitted with the consent of such person and the consent of the person's parent or guardian, OS 43A 5-304.

I have read, or had read to me, the following information about my rights.

All persons receiving services from this facility shall retain the rights, benefits, and privileges guaranteed by the laws and constitutions of the State of Oklahoma and the United States of America, except those specifically lost through due process of law. OS 43A, Section 1-103(h).

- All persons shall have the rights guaranteed by the Substance Abuse Consumer's Bill of Rights, unless an exception is specially authorized to these standards or an order of a court of competent jurisdiction.
- I have been given a summary or full copy of my rights as a consumer and fully understand the content of this document.
- I understand that my treatment records may be subject to review by funding sources and accrediting bodies to verify and evaluate services delivered.

I understand that OS 43A, Section 4-201 requires that each consumer of the agency be charged for care and treatment provided. An individual will not be refused needed treatment because of inability to pay, OS 43A, Section 4-202.

I, _____, wish to begin services with Roberts Group Counseling with the effective date of _____. If other mental health agencies are involved, I will be advised of my right to collaborate or terminate with that agency.

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

Witness _____ Date _____