

**CHILDREN'S REHABILITATION SERVICE
CONSENT FORM**

RE: _____ County: _____ SSN: _____
(Client)

I. CONSENT FOR MEDICAL CARE: I hereby give my permission and consent to the Children's Rehabilitation Service Staff, both medical and paramedical, to conduct a thorough physical examination/evaluation of the above-named individual, and also to perform or secure any medical or paramedical studies associated with, or required for, this thorough examination. Furthermore, I authorize the Children's Rehabilitation Service staff to provide such treatment as it shall deem is indicated by the aforementioned physical examination, and which is consistent with that provided by this State Agency.

II. LITIGATION SETTLEMENT: For and in consideration of Children's Rehabilitation Service examining and/or providing medical treatment or other treatment and/or services to the above-named individual, I hereby agree that the Children's Rehabilitation Service is entitled to full and complete recovery of any and all expenses and costs of services provided to the above-named individual from any and all monies received by or on behalf of the above-named individual, derived from any judgement, settlement, or any other source, the monies being received as a result of the above-named individual's injury. I hereby agree that the Children's Rehabilitation Service is entitled to a full recovery regardless of whether the above-named individual recovers the full amount of his/her loss which is caused by his/her injury. The Children's Rehabilitation Service and I hereby agree that the above will govern the rights of the parties as they relate to the recovery of monies by the above-named individual and the payment of services provided by Children's Rehabilitation Service.

III. ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize and request that all insurance benefits be paid directly to Children's Rehabilitation Service for services and items provided to the above-named individual by Children's Rehabilitation Service. I completely release the insurance company to the extent of the payment made by and to the Children's Rehabilitation Service.

IV. CIVIL RIGHTS: I have received a written statement specifying the provision of Title VI of the Civil Rights Act of 1964 (Public Law 88-352) and my right to appeal.

V. PHOTOCOPY: I agree that photocopy of this document shall be considered as effective and valid as the original.

VI. CONFIDENTIALITY: I understand that the Children's Rehabilitation Service will not disclose or release information created or received about the above-named individual except for purposes of (1) appropriate medical treatment and/or development/assessment; (2) release to insurance companies for the purpose of payment; (3) other health care operations such as review for staff monitoring and/or evaluation and for purposes of Quality Assurance monitoring. For certain other instances, I understand that I must sign an authorization permitting the disclosure or release of information.

VII. PRIVACY : I have received a written statement specifying the **ADRS Notice of Privacy Practices**. The Notice describes how health information about me may be used and disclosed and how I can get access to this information.

I certify that I understand the above statements. I also understand that this consent shall remain in effect until and unless CRS is otherwise notified in writing.

Date

Signature of Client/Parent/Guardian