



CENTERSTONE

Consent for Services

I have been provided with the Illinois Statement of Client Rights, Illinois Consent for Services and the grievance/complaint policies. A copy is provided to me and I agree to abide by all policies described to me.

Date: _____ / _____ / _____

Client Refused: Yes No

I authorize Centerstone to contact my responsible party/emergency contact: Yes No

I authorize Centerstone to exchange psychiatric and or substance abuse information with community hospitals as needed for continuity of care: Yes No

I authorize Centerstone to leave messages on my phone regarding my appointment reminder, prescription refills, medication information or when returning your call: Yes No

I authorize Centerstone to send educational information, special appeals and or news of special events: Yes No

I authorize Centerstone to e-mail me at the address below: Yes No

E-mail address: _____

Client Signature

_____/_____/_____
Date

Legal Guardian/Parent

_____/_____/_____
Date

Staff

_____/_____/_____
Date

Delivering care that changes people's lives.