

# Consent Management Form Example

## Consent Management Form Example for a: Certified Community Behavioral Health Clinic Project

The Certified Community Behavioral Health Clinic project (CCBHC), funded by the Substance Abuse and Mental Health Services Administration, is a model that provides a number of integrated services to improve timely access to high quality mental health and substance use treatment and services. Under this model you may receive any combination of the following services:

- Outpatient mental health and substance abuse services including psychiatric evaluation and medication management
- Peer support services
- Screening, Assessment and Diagnosis
- Targeted case management
- Crisis Services including mobile emergency crisis stabilization
- Primary health screening and monitoring
- Patient centered treatment planning

## CCBHC Program Enrollment and Use of your Health Information

- As a program participant, you may choose to receive any of the above services that are indicated to best support you. At **{NAME OF CCBHC}** our team of experts will collect certain data elements to help monitor your progress with treatment and health, measures such as weight, body mass index and changes in mental health.
- Additionally, we are conducting National Outcome Measures (NOMs) interviews with as many people as possible to learn about experiences with this new initiative. An interview specialist from our team may reach out to you to ask if you would like to participate. This interview is completely voluntary, and should you choose to complete it, you may skip any question that you do not wish to answer. All data will be collected and reported in such a way that no one person could ever be identified. No names or identifying information will be used.
- By signing below, you agree to receive services through the CCBHC project. This consent will expire in one year from the date of signature below. You may revoke your participation in writing and submit it to your nurse care manager at any point. Revoking participation WILL NOT affect enrollment in any services that are provided.

Print (First Name Last Name):

Signature:

Date: