

**GULF COAST CENTER  
CONSENT FOR EVALUATION AND SERVICES**

Full Legal Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_  
(printed name of person receiving services or his/her legally authorized representative)

do hereby authorize my consent for evaluation, treatment, and services by Gulf Coast Center. By initialing the blanks below, I acknowledge that I have read (or that someone has read to me) the statements and that I understand the contents of the statements:

I understand that the determination for treatment, if any, shall be made by Gulf Coast Center staff. I further understand that any such recommendations shall be explained fully and that I have the option to accept or reject the recommendations.

I certify that I have received a copy of, and have had explained to me in a language that I can understand, my rights as a person receiving services from Gulf Coast Center. Some of these rights are printed on the reverse side of this form, and other rights are explained in the Rights Handbook, which I have also received. I understand that if I have any questions regarding my rights as a person receiving services, I may ask Gulf Coast Center staff for clarification.

I understand that communication with Gulf Coast Center professionals during the course of treatment at any Department of Aging and Disability (DADS) or Department of State Health Services (DSHS) facility may be disclosed to the court in the course of future court proceedings.

I understand that information about me, to include clinical records, may be disclosed to other elements of the Department of Aging and Disability or Department of State Health Services Service System or agencies with whom Gulf Coast Center designates as contract providers for purposes of treatment and/or continuing care. I further understand there may be other, limited occasions according to State law, Federal law, and/or Center procedures, in which information about me may be disclosed to individuals within the Center or to outside agencies for the purposes of quality management, utilization management, regulatory compliance, treatment, payment and Center/health care operations. I understand that there may be occasions where information about me may be used anonymously for data collection or research purposes.

I understand that in order to continue services at Gulf Coast Center, I must maintain contact and remain active in services. Should services be terminated for any reason, I understand that I have the right to appeal. I certify that I have received a copy of Gulf Coast Center's appeal information.

\_\_\_\_\_  
Signature of Person Receiving Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legally Authorized Representative of Person Receiving Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Legally Authorized Representative to Person Receiving Services

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness\*

\*Two witness signatures are required when an individual does not have a LAR and signs his or her name with an "X" or an illegible mark.

## GULF COAST CENTER RIGHTS PROTECTION INFORMATION ACKNOWLEDGMENT

Your signature on the reverse side of this form acknowledges that you have received a written copy of your rights and that these rights have been explained to you in language that you can understand.

**Eligibility** - You may be eligible for services if you are experiencing mental illness, mental retardation, or chemical dependency problems, and you meet admission criteria. If I am admitted for services, I understand that in order to continue services at Gulf Coast Center, I must maintain contact and remain active in services. Should services be terminated for any reason, I understand that I have the right to appeal. I certify that I have received a copy of Gulf Coast Center's appeal information.

**Confidentiality** - Records about your services are private. Others cannot see your records unless you or your legally authorized representative give written authorization for the release of your information, or if the release of your information is allowed by State law, Federal law, and/or Center procedures. Your information may be disclosed without specific written authorization for the purpose of quality management, utilization management, regulatory compliance, treatment, payment, and Center health care operations. You have the right to see or have a copy of your records. However, a professional must review your information first to determine if access to the information would not be in your best interest (as required by the Texas Administrative Code, Protected Health Information, Chapter 414, Subchapter A and Chapter 4 Subchapter A).

**Fees** - Gulf Coast Center charges for many of its services. The amount that you will be asked to pay must be based on a sliding fee scale, depending upon you and/or your family's income and number of family members. You have a right to see the sliding fee scale and financial assessment paperwork. If you have third party insurance, you may be asked to pay designated deductibles, coinsurance, and/or co-pays instead of a sliding scale based fee.

**Communication** - You have the right to receive this and all other notices in a language that you understand best, or, if needed, a translation of such orally, in sign language, or in Braille, as appropriate.

**Complaints** - You may file a complaint if you believe any of your rights have been violated or if or you have other concerns regarding your services.

You may contact any of the individuals/agencies listed below. We suggest, however, that you talk first with a staff member who provides services to you. If necessary, talk to his or her supervisor. If you are uncomfortable discussing the problem with the staff member or his or her supervisor, or if the problem is still not resolved to your satisfaction, you may call or write Gulf Coast Center's Rights Protection Officer (see below). Upon receipt of the complaint, the Rights Protection Officer will initiate an investigation within five (5) working days. The investigation shall be completed as soon as possible, but no more than fourteen (14) working days following its initiation. The Executive Director of Gulf Coast Center may grant an extension to these timeframes. If the problem is still not resolved to your satisfaction, you may call or write any of the other contacts listed below.

Gulf Coast Center  
Rights Protection Officer  
4444 West Main  
League City, Texas 77573  
1-888-839-3229  
[cindyk@gcmhmr.com](mailto:cindyk@gcmhmr.com)

DSHS  
Office of Consumer Services  
and Rights Protection  
Mail Code 2019  
P.O. Box 12668  
Austin, Texas 78711-2668  
1-800-252-8154

DADS  
Consumer Rights and Services  
P.O. Box 149030  
Austin, Texas 78714-9030  
1-800-458-9858

Advocacy Inc.  
7800 Shoal Creek Blvd., Suite 171-E  
Austin, Texas 78757     1-800-252-9108 (voice and TDD)

**FOR REPORTING ABUSE, NEGLECT, OR EXPLOITATION IMMEDIATELY CONTACT:**

Texas Department of Family and Protective Services 1-800-647-7418