

## Connect Nevada: Strengthening Youth, Empowering Families

### Freedom of Choice & Consent Form

<b>Section I: Child/Youth's Information</b>				
Child/Youth's Name:			Date of Birth:	
Physical Address:			City:	
State:		Zip Code:		Phone Number:
Last 4 Digits of Social Security Number:			ID# Number:	
Child/Youth Currently Resides in: (Check one)	<input type="checkbox"/> Family Home	<input type="checkbox"/> Group Home	<input type="checkbox"/> Psychiatric Hospital	<input type="checkbox"/> Other Residence:
	<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Shelter	<input type="checkbox"/> Psychiatric Residential Treatment Facility	
	<input type="checkbox"/> Foster Care			
<b>Section II: Freedom of Choice (Consent)</b>				
I understand that I have a choice in accepting services and these services have been explained to me.				
I would like to receive (Choose One): <input type="checkbox"/> Intensive Care Coordination (ICC) / High Fidelity Wraparound (HFW)				
<input type="checkbox"/> Intensive Home-Based Treatment (IHBT) <input type="checkbox"/> Emergency/Planned Respite <input type="checkbox"/> Family/Youth Peer Support				
<input type="checkbox"/> Targeted Case Management (TCM)				
<b>Initials of Child/Youth/Parent/Legal Guardian/Custodian:</b>				<b>Date:</b>
<b>Section III: Child/Youth's Rights &amp; Reporting</b>				
1) My Care Coordinator helped me know what services are available to me and provided material for my review.				
2) My Care Coordinator gave me a copy of the Child/Youth Handbook, which includes important information such as my rights and responsibilities, how to find providers, and how to file an appeal or grievance.				
3) My Care Coordinator helped me know how to report suspected abuse, neglect, extortion, exploitation, and death of adults and children and my right to be free from restraints, seclusion, and harm, and provided material for my review.				
<b>Initials of Child/Youth/Parent/Legal Guardian/Custodian:</b>				<b>Date:</b>
<b>Section IV: Child/Youth's Release of Information</b>				
I give permission to share all the information related to my request for services with Magellan of Nevada. This includes but is not limited to: My personalized Plan of Care: Progress notes, doctor's reports and evaluations, psychological reports and evaluations, medical, social, and educational assessments, including those from schools, other agencies, and organizations, and any third-party information that the Nevada Department of Health and Human Services (DHHS) may have. If this form is signed by the Nevada Department of Children and Family Services (DCFS), the information that is shared will remain confidential according to state and federal laws, which include Nevada Revised Statutes. This information will only be used for the purpose of providing care management and behavioral health services to the child or youth whose name is mentioned above.				
<b>Print Name Child/Youth/Parent/Legal Guardian/Custodian:</b>				<b>Date:</b>
<b>Signature of Child/Youth/Parent/Legal Guardian/Custodian:</b>				
<b>Relationship to the Child/Youth:</b>				
<b>Mail, Email, or Fax this Consent Form to either:</b>				

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<u>Attn: Magellan of Nevada Care Management Department</u> P.O. Box 95994, Las Vegas, NV 89193-5994 Email: NevadaAppealsGrievances@Magellanhealth.com Fax: 1-888-656-5426	<u>Attn: Magellan of Nevada Appeals &amp; Grievances Department</u> P.O. Box 34028, Reno, NV 89533 Email: NevadaAppealsGrievances@Magellanhealth.com Fax: 1-888-656-5426
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