3522 Haworth Drive
Raleigh, NC 27609

Phone:
919-781-3616

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CONSENT FOR SERVICES - PARTNERS IN INCLUSION

CONSUMER NAME: ____ **DATE OF BIRTH:** ___________
First, Middle, Last

CONSUMER ADDRESS: ____ _______________
Street Name Apt/Unit. #

____________________________________ _____________ ______________
City State Zip Code

Our role, as Inclusion Consultants at Community Partnerships, Inc., is to provide observation and consultation to organizations on inclusive best practices. Our agency is compliant with all applicable rules and regulations of HIPAA and we are committed to maintaining all information shared regarding the children and staff present during the observation in a confidential manner. By our agency policy, any sharing of identifiable information would only occur after obtaining a signed authorization. I hereby give my consent for the above-named person to receive services from Community Partnerships, Inc. (CPI).

CONSENT TO SEEK EMERGENCY MEDICAL CARE

I understand that it is the practice of CPI to seek emergency medical treatment for any person enrolled in CPI services who becomes seriously ill or has an accident while being served by the agency. In such an event, I hereby give my authorization and consent for such emergency medical treatment for the above-named person, and further agree that I will accept financial responsibility for any such emergency services. It is my understanding that reasonable attempts will be made to contact the following specified individual(s) in such an event.

____ or
Emergency Contact Name/Phone Number

____
Emergency Contact Name/Phone Number

This permission shall remain valid until either person named is no longer served by CPI or the person for his/her legal guardian requests in writing that this consent be terminated.

____ ______________________
Signature of Consumer/Legally Responsible Person **Date**

____ ______________________
Signature of Witness **Date**