Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

I consent that my child/legal ward/self may participate in peer substance use support services by peer staff/Youth Outreach Coordinator with Mid Shore Behavioral Health, Inc. for peer services, assessment, and referral recommendations for provider treatment.

I understand that following the evaluation, information will be provided concerning each of the following areas:

1. The benefits and indications for proposed services.
2. Probable consequences of not receiving peer services and/or referral services.
3. That information from my child’s evaluation will be kept confidential unless:
   1. Youth is deemed a present danger to themself or others.
   2. If concerns about possible abuse or neglect arise.
   3. If a court order is issued to obtain records.

I have the right to withdraw consent for myself or my child at any time by providing a written request to Mid Shore Behavioral Health, Inc.

I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to peer support services. I also attest that I am either the legal guardian of the above-named child or that I am sixteen years or older and of age to consent for services. I also attest that I have the right to consent for the above-named child or myself, and that no other parent or guardian objects to the child receiving peer support services. I understand I have the right to ask questions of Mid Shore Behavioral Health, Inc. about the above information at any time.

I hereby request and authorize Mid Shore Behavioral Health to evaluate, offer peer substance use services and refer to outside services (if needed) the individual listed below for whom I am the parent or legal guardian.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name of participant/legal ward Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature of participant/parent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Witness Date