Consent for Emergency Medical Treatment

Emergency Medical Care Release

As the consumer, authorized representative or conservator, I hereby give consent to Unyeway, Inc. to provide all emergency medical or dental care Prescribed by a duly licensed physician (m.d.) osteopath (d.o.) or dentist (d.d.s.) for_____ . This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the individual named above.

_____
Consumer/Authorized Representative/Conservator signature
(circle appropriate title)

Print Name _____

Address_____ Zip:_____

Phone_____ Alternate Phone _____

Consumer has the following medication allergies:

Consent for Release of Information to Family Members From Unyeway, Inc.

I _____ authorize Unyeway, Inc.
(self or conservator)

to release information pertaining to _____.
(Consumer's Name)

Information To Be Released:

Medical, Psychological, Payroll/P&I, Assessments/Evaluations conducted by Unyeway, Inc. or Consultants of Unyeway, and Individual Program Plan information and progress.

_____ _____
Signature of Consumer or Conservator **Date**

Authorization becomes invalid one year after the date of Signature.

If you do not wish information to be release please fill out below

☐ **No Information May Be Released to anyone listed**

☐ **All Information may be release except _____.**

☐ **All Information may be released except to _____.**

Authorization becomes invalid one year after the date of Signature

_____ _____
Signature of Consumer or Conservator **Date**

Consent for Release of Information to Residential Care Providers From Unyeway, Inc.

I _____ authorize Unyeway, Inc.
(self or conservator)

to release information pertaining to _____.
(Consumer's Name)

Information To Be Released:

Medical, Psychological, Payroll/P&I, Assessments/Evaluations conducted by Unyeway, Inc. or Consultants of Unyeway, and Individual Program Plan information and progress.

_____ _____
Signature of Consumer or Conservator **Date**

Authorization becomes invalid one year after the date of Signature.

If You do not wish information to be release please fill out below

☐ **No Information May Be Released to anyone listed**

☐ **All Information may be release except _____.**

☐ **All Information may be released except to _____.**

Authorization becomes invalid one year after the date of Signature

_____ _____
Signature of Consumer or Conservator **Date**

Consent for Release of Information to San Diego Regional Center From Unyeway, Inc and From SDRC to Unyeway, Inc.

I _____ authorize Unyeway, Inc. and San
(self or conservator)

Diego Regional Center to share information pertaining to _____.
(Consumer's Name)

Information To Be Released:

Medical, Psychological, Payroll/P&I, Assessments/Evaluations conducted by Unyeway, Inc. or Consultants of Unyeway, and Individual Program Plan information and progress.

_____ _____
Signature of Consumer or Conservator **Date**

Authorization becomes invalid one year after the date of Signature.

If you do not wish information to be release please fill out below

☐ **No Information May Be Released to anyone listed**

☐ **All Information may be release except _____.**

☐ **All Information may be released except to _____.**

Authorization becomes invalid one year after the date of Signature

_____ _____
Signature of Consumer or Conservator **Date**

Consent for Release of Photographs.

I _____ authorize Unyeway, Inc.
(self or conservator)

to use for distribution, publication, posting, or other media related described below:

the picture(s) of _____ . The picture(s) depicts
(Consumer's Name)
this person:

_____ _____
Signature of Consumer or Conservator **Date**

Comments:

_____ _____
Signature of Consumer or Conservator **Date**

RIGHTS OF INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

DSP 304 (English) (Rev. 1/2000)

Reset Form Save As

Each person residing or receiving services in this facility has the following rights:

1. To wear his/her own clothes, to keep and use his/her own personal possessions including his/her toilet articles, and to keep and be allowed to spend a reasonable sum of his/her own money for canteen expenses and small purchases.
2. To have access to individual storage space for his/her private use.
3. To see visitors each day.
4. To have reasonable access to telephones, both to make and receive confidential calls.
5. To have ready access to letter writing materials, including stamps, and to mail and receive unopened correspondence.
6. To refuse electroconvulsive therapy.
7. To refuse behavior modification techniques which cause pain or trauma.
8. To refuse psychosurgery.
9. Other rights, as specified by regulations *(see e.g., Titles 17 and 22, California Code of Regulations).*

Pursuant to Title 17, California Code of Regulations, Section 50530, the professional person in charge of the facility or his/her designee may for good cause deny a person any of the rights above under (1) through (5), inclusive.

If you believe that there was not a good reason for denying one of your rights, you may call the local clients' rights advocate who must respond to your complaint.

Name of Advocate	Address/Location of Office	Telephone ( )

It is the advocate's responsibility to investigate and resolve your complaint to your satisfaction. If the advocate is unable to do so, the complaint must be referred by the advocate to the developmental center or regional center director. After that, if the problem is still not resolved, it must be referred to the Office of Human Rights, State Department of Developmental Services.

Address/Phone # of Area Board:

Office of Human Rights
Department of Developmental Services
Sacramento, CA 95814
(916) 654-1888
TDD: (916) 654-2054

Address/Phone # of Regional Center:

This Notice must be posted, as well as distributed to each person with a developmental disability receiving services in any developmental center, licensed community care or health facility.

In addition to the above rights, persons with developmental disabilities also have the following rights:

1. A right to treatment and habilitation services and supports in the least restrictive environment. Treatment and habilitation services and supports should foster the developmental potential of the person and be directed toward the achievement of the most independent, productive, and normal lives possible. Such services shall protect the personal liberty of the individual and shall be provided with the least restrictive conditions necessary to achieve the purposes of the treatment, services or supports.
2. A right to dignity, privacy, and humane care.
3. A right to participate in an appropriate program of publicly supported education, regardless of degree of disability.
4. A right to prompt medical care and treatment.
5. A right to religious freedom and practice.
6. A right to social interaction and participation in community activities.
7. A right to physical exercise and recreational opportunities.
8. A right to be free from harm, including unnecessary physical restraint, or isolation, excessive medication, abuse, or neglect.
9. A right to be free from hazardous procedures.
10. A right to make choices in their own lives, including, but not limited to, where and with whom they live, their relationships with people in their community, the way they spend their time including education, employment, and leisure, and pursuit of their personal future, and program planning and implementation.

Resident/Resident Representative Signature	Date

NOTE: Authority Cited: Sections 4502, 4503, and 4731, Welfare and Institutions Code