Sanilac County Community Mental Health

InSHAPE Program

227 East Sanilac Road

Sandusky, Michigan 48471

810-583-0447

I hereby authorize the InSHAPE program of Sanilac CMH to disclose my name to any activity sites we participate at for the purpose of billing/payment. No information other than that I am a member in the program will be released without my informed consent.

**Initial\_\_\_\_\_\_**

For the purpose of involving my care provider team in supporting my participation in the InSHAPE program the fact that I am a participant and my progress in the program may be disclosed to my CMH team.

**Initial\_\_\_\_\_\_**

For the purpose of providing me with a safe effective fitness plan, and for tracking my progress and program outcomes related to health and fitness, InSHAPE may obtain information regarding presence in treatment, diagnoses and brief description of progress/prognosis, intake and assessment including medical/psychiatric history, lab reports, medications, height, weight, BMI, and any restrictions or recommendations related to fitness activities.

**Initial\_\_\_\_\_\_**

I understand that InSHAPE is a promising practice currently under research for its effectiveness in other parts of the country and the information gathered through assessments will be used as part of research, excluding personal information such as my name.

**Initial\_\_\_\_\_\_**

I understand that the information disclosed is protected by:

The Michigan Mental Health Code PA 258 and/or Federal Statute 42 CFR Part 2. I understand that I can revoke this consent at any time by notifying Sanilac CMH’s InSHAPE in writing at 227 E Sanilac Rd Sandusky, Michigan 48471.

If I chose not to participate in the formal research, it will not affect my mental health services through Sanilac CMH, or my eligibility to be in the Sanilac CMH InSHAPE program.

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Signature of Member Printed Name Date

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Signature of Guardian Printed Name Date

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InSHAPE Health Mentor Date