PRESTIGE HEALTHCARE RESOURCES

RESTORING HOPE & HEALING TO THE COMMUNITY

SUD MD PHRI

Consumer Choice Form Adult

The following SUD Program has been identified as being available to enroll you. Please review the form carefully, ask questions, and decide which SUD Program you choose to provide your services.

Enrollment:

I, _____, by completing this form, am indicating my choice of the SUD Program in which I would like to receive services.

SUD Program and Agency _____

Transfer: I am currently enrolled in a SUD Program and am requesting to transfer to a PHRI SUD Program. My selection is noted below:

Current SUD Program and Agency: _____ **New PHRI SUD Program** _____.

Disenrollment: I am requesting to be disenrolled from services from _____ _____.

By signing below, I assert that I have made this choice of my own free will and that there has been no pressure or coercion involved with me making this decision.

_____
Consumer's Name (Printed)

_____
Date

_____
Consumer's Address

_____
City/State/Zip Code

_____
Consumer's Phone Number

_____
Consumer's Date of Birth

_____
Consumer's Signature

_____
Consumer's Social Security Number

_____
Medicaid Number

For Provider Only:

I, _____, have witnessed the consumer declare which SUD Program and Agency they have elected to be enrolled without my encouragement, coercion, inducements and promises of services or transactions that are monetary nature.

_____

_____
Provider Signature/Role/Date