

LFS Mission: *Lutheran Family Services expresses God's love for all people by providing quality human care services that build and strengthen individual, family and community life*

Client Consent for Treatment/Service

Client Name	Initials	Date of Birth	EHR/Client Number
ပုၤဆါမံၤ	ဆဲးလီၤမံၤ	အိၣ်ဖျၢၣ်မုၢ်နံၤ	EHR/Client နီၣ်ဂံၢ်

_____ **Authorization for Treatment:** I hereby authorize Lutheran Family Services (LFS) to provide care, support and/or behavioral health services and/or treatment as may be necessary or advisable in treating my, or the individual for whom I am legally authorized to provide this consent's, symptoms, diagnosis, mental health concerns and/or supportive needs. I am aware the practices authorized hereunder are not an exact science and I acknowledge no guarantees of any particular outcome or result have been made to me related to the services or treatment I am authorizing LFS to provide. I also understand that LFS may provide me with referrals for additional services.

_____ **တၢ်ဟ့ၣ်ဖျၢၣ်လၢ တၢ်ကူစါယါဘျါအဂီၢ်** – ယဟ့ၣ်တၢ်ဖျၢၣ် လၢ Lutheran Family Services (LFS) လၢ ကဆိၣ်ထွဲမၤစၢၤယၢ ဘၣ်ထွဲ တၢ်အံၤထွဲကွၢ်ထွဲ, ကသံၣ်တၢ်ကူစါယါဘျါ ဧိး သးတၢ်အိၣ်ဆူၣ်အိၣ်ချ့ တၢ်အံၤ ထွဲကွၢ်ထွဲ လၢ အဖိးသဲစး လၢယကဏ္ဍးနဲၣ်ပာ်ဖျါဘၣ်ထွဲ ယတၢ်ဆါအက့ၢ်ပနီၣ်, ဧိးသမံသမိးကွၢ်ယတၢ်ဆါ, သးခိၣ်န့ၣ်တၢ်ဆါတၢ်ဂ့ၢ်ကီ ဧိး တၢ်လၢအလိၣ်ဘၣ်တဖၣ်န့ၣ်လီၤ ယသ့ၣ်ညါန့ၣ်ပာ်အီၤ တၢ်လၢတၢ်မၤအီၤတဖၣ် တမ့ၢ် စဲးအ့ၣ်တၢ်မၤကွၢ် တၢ်ဖံးတၢ်မၤ ဧိး ယအၢၣ်လီၤလၢ တၢ်မၤစၢၤလၢ LFS ရဲၣ်ကျဲၤန့ၣ်ယၢတဖၣ် တမ့ၢ်မတၤ တဂၤမး အတၢ်ဘၣ်ဘျုး လၢယဒီးန့ၣ် တၢ်မၤစၢၤအံၤအယိဘၣ်န့ၣ်လီၤ.

_____ **Acknowledgement of LFS Clients Rights and Responsibilities:** I acknowledge I received and read LFS Clients Rights and Responsibilities. My rights and responsibilities have been adequately explained to me and my consent given herein is with full knowledge of the content of these rights and responsibilities.

တၢ်အၢၣ်လီၤတူၢ်လိာ် LFS ပုၤဆါတၢ်ခွဲးတၢ်ယာ်ဒီးအမူဒါတဖၣ် – ယအၢၣ်လီၤလၢ ယဒီးန့ၣ်ဒီးဖးဘၣ် LFS Clients အတၢ်ခွဲးတၢ်ယာ် ဒီး အတၢ်မၤမူဒါတဖၣ်န့ၣ်လီၤ. ယတၢ်ခွဲးတၢ်ယာ်ဒီး ယတၢ်မၤမူဒါတဖၣ် ဘၣ်တၢ်ဒုး သ့ၣ်ညါတဲဖျါယၢ လီၤတံၢ်လီၤဆဲး ဒီး အဝဲဟ့ၣ်ယၢ တၢ်ဂ့ၢ်တၢ်ကျိၤတဖၣ် လၢအဒုးသ့ၣ်ညါန့ၣ်ပာ်အါထီၣ်ယၢ ယတၢ် ခွဲးတၢ်ယာ်ဒီး ယမူဒါတဖၣ်န့ၣ်လီၤ.

LFS Mission: Lutheran Family Services expresses God's love for all people by providing quality human care services that build and strengthen individual, family and community life

Client Consent for Treatment/Service

_____ **Acknowledgement of LFS Privacy Practices:** I have been given the opportunity to read LFS's Notice of Privacy Practices and seek clarification on any part I do not understand. I have been offered a copy of their Privacy Practices.

တၢ်အၢၣ်လၢတူၢ်လိာ် လူၤပိာ်မၤထွဲ LFS နီၣ်ကစၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်ကဘၣ်ဟံၣ်ဘၢအီၤ - ယဒီးန့ၢ်ဘၣ်တၢ်ခွဲးတၢ်ယၢ် လၢယဖးဘၣ် LFS's တၢ်မၤနီၣ်မၤယါလၢ တၢ်ကဘၣ်ဟံၣ်ဘၢအီၤ ဒီး ယယုထံၣ် သ့ၣ်ညါဘၣ်အါထီၣ် တၢ်ဂ့ၢ်တၢ်ကျိၤ တနီၤလၢ ယတသ့ၣ်ညါတဖၣ်န့ၣ်လီၤ. ယဒီးန့ၢ်ဘၣ်စ့ၢ်ကိး နီၣ်ကစၢ်တၢ်ဂ့ၢ်တၢ်ကျိၤ တဖၣ် လၢတၢ်ကဘၣ်လူၤ ပိာ်မၤထွဲ ဒီး ဟံၣ်ဘၢအီၤ အလံာ်ကွဲးဒီးန့ၣ်လီၤ.

_____ **Emergency Medical Treatment:** I understand LFS staff will call 911 for me or the individual's treatment pursuant to this consent in the case of an apparent medical emergency, whether physical or emotional, while in the LFS office or during face to face services provided to me or the individual treated pursuant to this consent outside of an LFS office.

တၢ်အၢၣ်လၢတူၢ်လိာ်ဘၣ်ထွဲဂ့ၢ်ဂီၤအူကသံၣ်တၢ်ကူစါယါဘျါ - ယနၢ်ပၢၢ်လၢ LFS ပုၤမၤတၢ်ဖိ ကကိး 911 လၢယဂီၢ် (မ့) ပုၤတဂၤဂၤလၢ တၢ်ဟ့ၣ်အီၤတၢ်ပျဲ လၢဂ့ၢ်ဂီၤအူကသံၣ်တၢ်ကူစါယါဘျါ ဘၣ်ထွဲနီၣ်ခိ (မ့) သးတၢ်ဆိကမိၣ်တၢ်ဂ့ၢ်ကိ တၢ်ကူစါယါဘျါလၢယဂီၢ် ဝဲ LFS ဝဲၤဒၢးအပူၤ (မ့) မဲာ်သကိးမဲာ် (မ့) LFS ဝဲၤဒၢးအချၢ မ့ၢ်ဂ့ၢ်န့ၣ်လီၤ.

_____ **Authorized Representative:** I hereby authorize LFS, its service provider(s) and representatives to act on my behalf to recover benefit claims, appeal adverse benefit determinations, and to take any action deemed necessary to obtain payment for services provided by LFS. I understand that I am responsible for all co-pays, co-insurance and deductible amounts determined by my insurance provider at the time of services unless other payment arrangements are in place.

တၢ်ဟ့ၣ်ပျဲခၢၣ်စး - ယဟ့ၣ်တၢ်ပျဲ လၢ LFS ယကရဲၣ်ကျဲၤ ဒီး ကဲခၢၣ်စးဒီးဟူးဂဲၤလၢယကမၤနီၣ်တၢ်ဘျူးတၢ်ဖိၣ်, ဒီးခံကွၢ်စီၤကွၢ် တၢ်လၢအတကဲဘျူး ဒီး ဟံးန့ၢ်မူဒါရဲၣ်ကျဲၤ ကျိၣ်စ့တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢအအလိၣ်တဖၣ် လၢဘၣ်တၢ်ကတိၤကတိၤဟ့ၣ်လီၤဒီဖျိ LFS အအိၣ်န့ၣ်လီၤ. ယနၢ်ပၢၢ်လၢ မ့တမ့ၢ်ဘၣ် လၢ တၢ်ရဲၣ်တၢ်ကျဲၤအဂၤ အိၣ်ကတိၤသး လၢကဟ့ၣ်န့ၢ်ယၤ ကျိၣ်စ့တၢ်လၢာ်ဘျဲလၢာ်စ့ၤတဖၣ်ဘၣ်န့ၢ်, ယဘၣ်ဟံးမူဒါ လၢ တၢ်ကဘၣ်ဟ့ၣ်စၢၤ ကျိၣ်စ့တၢ်လၢာ်ဘျဲလၢာ်စ့ၤ ဒီး ထူးစ့ၤလီၤတၢ်လၢာ်ဘျဲလၢာ်စ့ၤလၢ ယနီၣ်ကစၢ် insurance အအိၣ် န့ၣ်လီၤ.

LFS Mission: *Lutheran Family Services expresses God's love for all people by providing quality human care services that build and strengthen individual, family and community life*

Client Consent for Treatment/Service

_____ **Acknowledgement of Contact Information:** I hereby agree to inform LFS of any changes to my contact information.

တၢ်အၢၣ်လၢတူၢ်လိာ်ဘၣ်ထွဲ တၢ်ဆဲးကျိး - ယအၢၣ်လၢ LFS လၢ ယတၢ်ဆဲးကျိးအကျိးအကျဲ မ့ၢ်ဆိတလဲ ယကရူးသ့ၣ်ညါဘၣ်အိၣ်န့ၣ်လီၤ.

_____ **Authorization for Transportation:** I hereby authorize Lutheran Family Services (LFS) to provide transportation to me and family members listed on this consent form *if transportation is offered by the program and/or service I am participating in, if NA, staff note NA and Initial on line.*

ဝံစိာ်တီဆၢအဂီၢ် တၢ်ဟ့ၣ်ပျဲ - ဝံစိာ်တီဆၢတၢ်ရဲၣ်တၢ်ကျဲၤအဂီၢ် တၢ်မၤစၢၤမ့ၢ်ယုၢ်ထီၣ်အသးန့ၢ် ယဟ့ၣ်တၢ်ပျဲၤလၢ LFS ကရဲၣ်ကျဲၤန့ၢ်ယၤ ဝံစိာ်တီဆၢလၢယဂီၢ်ဒီးယဟံၣ်ဖိယိဖိ လၢအမံၤကွဲးလီၤအသးတဖၣ်အဂီၢ်န့ၣ်လီၤ.

Family Members with Date of Birth who may be transported:

ဟံၣ်ဖိယိဖိနီၣ်ဂံၢ်လၢအဟံၣ်ယုၢ် ဒီး အိၣ်ဖျၢၣ်မ့ၢ်န့ၢ် လၢ တၢ်ကတီဆၢအိၣ်အဂီၢ်

I hereby acknowledge that, when appropriate, LFS staff may collaborate regarding my case for the purposes of referral, treatment and/or coordination of care.

ယအၢၣ်လၢတူၢ်လိာ်လၢ ဖဲတၢ်ဆၢကတီၢ်အကြးဝဲဘၣ်ဝဲအခါ LFS ပုၤမၤတၢ်ဖိ ကရဲၣ်ကျဲၤမၤသကိးတၢ်ဒီးယၤလၢယကဒီးန့ၢ်ဘၣ် တတၢ်ကူၤစါယါဘျီဒီးတၢ်ကဆၢယၤဆူ တၢ်ဆါဟံၣ် အဂီၢ်န့ၣ်လီၤ

The undersigned certifies that he or she has read and understands the above mentioned and is the client, client's guardian, power of attorney, parent, or is duly authorized by or on behalf of the client to execute the above and accept its terms.

မံၤလၢတၢ်ဆဲးလီၤအိၣ်န့ၢ် မ့ၢ်တၢ်အမ့ၢ်အတီ လၢ စီၤ (မ့) နီၢ် တဂၤအံၤ ဖးဘၣ်ဒီးန့ၢ်ပၢၢ်ဝဲ ဘၣ်ထွဲတၢ်ဂ့ၢ်တၢ် ကျိၤလၢ တၢ်ကွဲးလီၤအိၣ်လၢ အဖိခိၣ်တဖၣ်န့ၣ်လီၤ. ပုၤဆါ, ပုၤခိးပုၤဆါ, မိၢ်ပၢ်တဖၣ် ကဘၣ်လုၤပိာ်မၤထွဲ ဒီး တူၢ်လိာ်တၢ်လၢ တၢ်ပာ်လီၤအိၣ်တဖၣ်န့ၣ်လီၤ

LFS Mission: *Lutheran Family Services expresses God's love for all people by providing quality human care services that build and strengthen individual, family and community life*

Client Consent for Treatment/Service

Signature of client or guardian	Relationship to client	Date
ပုၤဆါ(မ့)ပုၤကွၢ်ထွဲ စုမုၢ်ကျၢ်	တၢ်ဘၣ်ထွဲဒီးပုၤဆါ	မုၢ်နံၤ
Signature of LFS Staff	Title	Date
LFS ပုၤမၤတၢ်ဖိစုမုၢ်ကျၢ်	မူၤဖါ	မုၢ်နံၤ
Signature of Interpreter	Title	Date
ပုၤကတိၤကျိၣ်ထံတၢ် စုမုၢ်ကျၢ်	မူၤဖါ	မုၢ်နံၤ



Accredited by the Council on Accreditation



A United Way affiliate



Lutheran Services in America Affiliate