

Statement of Understanding

Pacific Assistance Group (PAG) offers monitoring and support services on a private, voluntary basis.

FEES:

Fees are determined by a mutually agreed upon combination of service components and level of intensity. The costs are paid by the client on a monthly basis. Fees are for monitoring and support services and do not cover treatment of any kind.

PRIVACY:

Information concerning participation in PAG will not be given to anyone outside PAG without client's written permission unless required by law. Certain laws require that PAG monitors assume responsibility for reporting to appropriate entities when a person is deemed a danger to self, others, or when child, dependent adult, or elder abuse or neglect is involved.

SELF REFERRALS:

If a client initiates a request for monitoring and support through PAG, no one will be notified of the client's use of PAG without the client's written permission.

ENTITY REFERRAL:

If a professional licensing agency, risk management, or other designated representative initiates or requires participation in PAG, notification responsibilities and standards will be established and modified throughout the client's voluntary participation in PAG.

VOLUNTARY PARTICIPATION:

Use of PAG is voluntary for both parties. I have read, understand and received a copy of this information.

Client Name: _____ Date/Time: _____

Client Signature: _____

Monitor Name: _____ Date/Time: _____

Monitor Signature: _____