PERSON CENTERED CARE SERVICES CONSENT & ACKNOWLEDGEMENTS

Review all consents and acknowledgments with the program representative. Sign in the appropriate boxes to confirm permissions or receipt. Discuss any specific requests or needs. Mark an X for any prohibited actions and ensure explicit instructions are documented in the service plans and records.

Service Recipient Full Name: _____ TABS: _____ Reviewer: ☐ Self-advocate or ☐ Guardian/Advocate

I acknowledge receipt of PCCS's Notice of Privacy Practices and consent to sharing my service, clinical, and medical information with insurance, medical, and OPWDD-related entities as needed. I understand certain records (e.g., substance use) have extra protections, PCCS follows HIPAA, uses a secure EHR with role-based access, and disclosed information may be subject to redisclosure. PCCS_NPP.docx	
I understand that all social media use must comply with PCCS HIPAA and confidentiality policies. Personal I understand that all social media, blogs, or websites must comply with PCCS HIPAA and confidentiality policies and may not post content that is negative, defamatory, slanderous, or misrepresents PCCS. Personal views must include a disclaimer that they are my own, and PCCS logos or branding may not be used without written consent.	
I consent to Person Centered Care Services (PCCS) taking and using photographs or videos of me for program documentation, staff training, agency publications, the PCCS website, social media, or other promotional purposes. I understand that I may withdraw this consent at any time.	
I acknowledge that PCCS utilizes electronic monitoring on its premises and in company vehicles. I understand that the monitoring is in place to ensure the security of all individuals and company property.	
I consent to travel and service delivery outside of Staten Island, including Brooklyn, the Bronx, Manhattan, Queens, and New Jersey. Regular and permissable out-of-state travel requires pre-approval and must be included in the Life Plan.	

I understand that PCCS staff may use the least restrictive physical intervention as a last resort in a crisis to ensure safety. All interventions will follow guidelines, be removed once the risk has passed, remain free from abuse and be subject to monitoring for protection.

I grant permission to appropriate personnel to perform least to most invasive safety checks following any event or occurrence that can lead to injury.

I grant permission to Person Centered Care Services to perform basic first aid treatment to minor injuries.

I grant permission to Person Centered Care Services to utilize outpatient treatment at the nearest Urgent Care facility or Hospital. I permit the agency to transport or utilize emergency services for transport.

I understand that I must report any changes in my health or support needs, including short-term illnesses and long-term conditions. I acknowledge that resuming programming may require a safety plan and/or clearance from a physician or licensed professional.

I have received and understand my Rights and Responsibilities.
Section 633.4 - Rights and responsibilities of persons receiving services.pdf

I have been informed of my right to obtain copies of the agency's reporting procedures related to Incident Management (abuse/neglect), Human Rights, and Corporate Compliance.

I have received and understand the notice of Person-Centered Planning.
person_centered_planning_rights_notice.pdf

I understand that I am liable for PCCS service fees not covered by my insurance. Rates are available www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/. I understand that services may pause if my insurance coverage is inactive. With consent, PCCS can assist in restoring coverage. Self-pay options are also available upon request.

I understand that unit authorization will be managed in accordance with OPWDD guidelines. I understand that PCCS monitors both overuse and underuse of authorized units and reserves the right to adjust service delivery to ensure alignment with OPWDD authorization and program requirements.

I understand that PCCS does not permit overtime for direct support staff without prior authorization and a clearly defined plan specifying start and stop times. I understand that any unscheduled overtime must be pre-approved in writing.

I understand my right to object to proposed service revisions, discharge or relocation from my residence, changes to my HCBS waiver services, or modifications to my personalized service plans and I am aware that my PCCS services can be paused if I have no active service plan. Objection to Service Revision.pdf

I understand my responsibility to use services ethically and comply with PCCS, OMIG, OPWDD standards, and state laws.

I understand that Person Centered Care Services employees are mandated reporters and obligated under OPWDD and NYS Justice Center regulations to report suspicion of or known abuse or neglect

I am also responsible for reporting any unethical activity, including Medicaid fraud, abuse, neglect, substance abuse, or reckless driving by PCCS personnel or external vendors.

I acknowledge that all decisions regarding my services should be made in my best interest, free from personal, financial, or professional influence. I understand that PCCS staff must remain neutral and

cannot intervene in personal, family, or legal matters outside the scope of their services. If a conflict of interest arises; I agree to disclose it so that a fair resolution can be reached. ☐

I understand the importance of following the PCCS chain of command, starting with my assigned primary contact. The grievance process is for unresolved, severe, or sensitive issues needing anonymity or when conflicts exist. Anonymous Compliance Reporting — PCCS ☐

I understand that consents and acknowledgements are effective for the duration of my time enrolled in Person Centered Care Services and my right to withdraw or make changes at any time by request. ☐

PCCS values our Direct Support Professionals and is committed to treating them with respect and dignity. We encourage you and your advocates to highlight exceptional DSPs through our peer-to-peer nominations, which show gratitude for their outstanding work. Each month, PCCS announces a winning nominee and awards them $100. ☐

You have the right to contact the OPWDD Ombudsman for help with questions, concerns, or complaints about your services. This independent, confidential program can assist you at any time, and you will not face penalties or retaliation. ☐
Contact: 1-800-579-5341 | https://opwdd.ny.gov/news/opwdd-announces-new-ombuds-program

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Name of Participant/Guardian	Email Address	Phone #	Signature	Date

Name of Program Representative	Signature	Date