

St. Clair County Community Mental Health
Telephone Authorization
Guardian Consent
(IPOS, Periodic Review or Amendment)

Individual: _____ Case #: _____

Guardian Name: _____ Telephone #: _____

I verify that (Guardian Name) _____ was reached by telephone on
(Date): _____/(Time) _____ regarding obtaining consent to provide services as indicated in the
IPOS dated _____, Periodic Review dated _____ or Amendment dated _____.

() Agreement and Consent were given by the Guardian on this matter.

() Guardian did NOT give Consent.

Guardian Comments:

Case Holder Signature/Credentials: _____ Date: _____

Witness: _____ Date: _____
(Must speak with guardian)

To be used when Guardian's consent is required to initiate or continue services and they do not attend the meeting.
This form does NOT replace written approval.

The Telephone Consent is effective for 35 days for the IPOS and 14 days for Periodic Review and Amendment from the date of the telephone contact.

An Absentee Signature Page should be mailed out to Guardian with a copy of the Consent attached. The Consent should be scanned into OASIS and attached to appropriate document (i.e., IPOS, Periodic Review or Amendment)

Noted: Guardian Consent – Telephone.