



Terms and Conditions of Service

The client, or the client’s representative, hereby enters into this agreement with the Office of Problem Gambling in order to be eligible for CA Gambling Education and Treatment Services (CalGETS). The client, or the client’s representative who is authorized on behalf of the client to execute such an agreement, certifies that client has read, accepted and received a copy of the “Terms and Conditions of Service”.

The client shall fully comply with the rules defined in the Declaration of Client’s Rights and Responsibilities and may be discharged for failure to comply with such rules, as soon as clinically appropriate, or within the recommended course of treatment.

1. **Treatment Consent:** The client is under the care of a CalGETS authorized provider and consents to treatments, procedures or services rendered.
2. **Financial Agreement:** Under the terms of the CalGETS, the client is not responsible for payment for services provided under an approved CalGETS treatment block. An approved CalGETS treatment block includes authorization from the Office of Problem Gambling and/or their designee, for the CalGETS authorized provider to deliver services. A CalGETS approved treatment block consists of an intake (consists of two sessions), five separate treatment sessions, and an end-of-treatment session, for a total of 8 sessions. The client’s health insurance shall not be billed for any CalGETS rendered services. CalGETS providers are not authorized to collect co-payments from client for an approved CalGETS treatment block.

I hereby request treatment services by the CalGETS authorized provider:

Signature of Client Date

Print Name

Exceptional signature requirements are referenced below (please check appropriate box):

Client is legally incompetent to sign: The court-approved guardian or conservator must sign as “Client’s Representative”

Signature of Client Representative _____ Date _____

Print Name

Client is unable to read English: If the client does not read English, a translator or the CalGETS authorized provider may translate this form to the client. The translator/provider shall sign below as “witness” and indicate language used:

Signature of Witness _____ Date _____

Print Name

Title

Language Used

Client is physically incapable of signing: The client shall give verbal consent, witnessed and signed by CalGETS authorized provider. The CalGETS authorized provider who witnessed verbal consent being given shall sign below as “Client Representative” and complete the following:

The client gives verbal consent for treatment but is physically incapable of signing because:

Signature of Witness to Verbal Consent _____ Date _____

Print Name

Title