



## California Problem Gambling Treatment Services Program Terms and Conditions of Service



The California Problem Gambling Treatment Services Program (CPGTSP) and the client, or the client's representative, hereby enters into this agreement. 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 the recommended course of treatment.

1. **Treatment Consent:** The client is under the care of a CPGTSP authorized provider and consents to treatments, procedures or services rendered.
2. **Financial Agreement:** Under the terms of the CPGTSP, the client is not responsible for payment for services provided under an approved CPGTSP treatment block. An approved CPGTSP treatment block includes authorization from the Office of Problem Gambling and/or their designee, for the CPGTSP authorized provider to deliver services. A CPGTSP 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 patient's health insurance will not be billed for any CPGTSP rendered services. CPGTSP providers are not authorized to collect co-payments from client for an approved CPGTSP treatment block.

I hereby request treatment services by the CPGTSP authorized provider:

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Signature of Client

Date

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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”

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Signature of Client Representative \_\_\_\_\_ Date \_\_\_\_\_

Print Name

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

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Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Print Name

Title

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Language Used

**Client is Physically Incapable of Signing:** The client should give verbal consent, witnessed and signed by CPGTSP authorized provider. The CPGTSP 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:

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Signature of Witness to Verbal Consent \_\_\_\_\_ Date \_\_\_\_\_

Print Name

Title