

Instructions for **INITIATION OF SERVICES** form (DH 3204, 11/25/08)

**Part I**

Client's Name: The client's name is printed or written on this line.  
Name of Agency: The name of the agency where care is provided. It should be the CHD or CMS Region not the specific location. Ex.: Orange County Health Department not South Street Health Center.  
Agency Address: The official address of the County Health Department or CMS Clinic not the street address of the specific health center or program office.

This Part acquires general consent to provide healthcare.

**Part II**

This Part obtains authority required under state law to use patient medical information for payment and healthcare operations as well as treatment.

**Part III** acquires authority to bill Medicaid.

**Part IV** acquires authority to bill third parties such as insurance companies.

**Part V**

Client/ Representative Signature: Client or client's representative signs form.  
Self or Representative's Relationship: Enter the word "self" if the client signs the form. If the form is signed by the representative then the representative enters their relationship to the client (must have legal authority to sign for patient).  
Ex: parent, guardian, foster parent  
Date: Date form is signed.  
Witness: Signature of employee, if any, who witnessed the signature of the client or representative.  
Date: Date form signed and witness signed.

**Part VI**

The client or representative writes their name in the space, following "I" and enter the effective date the withdrawal becomes effective. The person requesting the revocation of consent signs the form, completes relationship as described above and dates the form. The Witness signs and dates the form they observed being signed.

**Client identification**

The label with client identification is placed in this location or the client's name and identification is entered here by hand or computer.