

Lake City Counseling, LLC

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Consent for Treatment, Your Rights, and the Grievance Procedure For Outpatient Mental Health.

We want you to be aware of your rights as a client and ask for your Informed Consent to receive treatment.

1. The benefits of therapy/treatment are to help alleviate the problems and symptoms that you present.
2. Therapy/treatment is conducted in sessions between therapist and client talking about the problems presented.
3. You may ask your therapist about any side effects you might expect from therapy/treatment and they will be discussed with you.
4. The therapist will suggest alternative treatment modalities and assist in referrals when appropriate and necessary.
5. You have the right to refuse therapy/treatment.
6. The possible consequence of not accepting/receiving treatment can be discussed.
7. An individual may be discharged, or refused therapy/treatment for inappropriate behavior such as destroying property, violating confidentiality of other clients or visitors, disruptive behavior, and other situations as determined by Lake City Counseling, LLC management.
8. Your signature below indicates you are giving consent to participate in therapy/treatment, that you understand your rights, and have received a copy of the same.
9. Content of all interviews will be held confidential and can be shared with others outside Lake City Counseling, LLC, only with your prior written approval. Please keep confidential the names of other clients or visitors you may see here.
10. You have the right to withdraw Informed Consent, at any time in writing.
11. The time period of this consent for treatment is no longer than 12 months from the date signed, and this form will need to be signed every twelve months during each period of treatment.
12. I will regularly review my treatment plan and services with my therapist.
13. I have been informed of my fee for service.
14. I have been informed of the after hours emergency contact.

I. Bill of Rights

- A. When you receive any type of service or mental health, alcoholism, drug abuse, or a developmental disability, you have the following rights under Wisconsin Statute sec 51.61(1) and HSS 94 Wis. Administrative Code.

II. Personal Rights

- A. You must be treated with dignity and respect, free of any verbal or physical abuse.
B. You have the right to have staff make fair and reasonable decisions about your treatment and care
C. You cannot be treated differently because of your race, national origin, sex, age, religion, disability, or sexual orientation.
D. Your surroundings must be kept safe and clean.

III. Treatment and Related Rights

- A. You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you.
B. You must be allowed to participate in the planning and treatment of your care.
C. You must be informed of your treatment and care, including alternatives and possible side effects.
D. No treatment may be given to you without your consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it.

Client Informed Consent

By my signature below, I/we give consent for the administration of the above-described treatment. The consent is in effect for the length of treatment but no longer than 15 months from the time of this informed consent is given/signed, and may be withdrawn at any time.

Client Signature

Date

Witness

Date

Parent/Guardian Signature

Date