

Samaritan Counseling Center of Southern Wisconsin
INFORMED CONSENT FOR COUNSELING SERVICES

PLEASE READ AND SIGN BELOW:

Your comprehensive assessment was completed and it was been determined that you are appropriate to receive mental health outpatient services from the Samaritan Counseling Center. The clinic wants you to be aware of your rights as a client and requests your informed consent to treat you. Your signature below indicates that you have been explained, understand, and you are in agreement with the following:

1. I have been explained the treatment alternatives.
2. I have been explained the possible treatment outcomes and side effects.
3. I have been explained the treatment recommendations.
4. The services, goals, and duration of treatment will next be explained in my individualized treatment plan and reviewed regularly.
5. I have been given the clinic's client rights statement.
6. I have been given the clinic's fee schedule, insurance, and payment explanations.
7. I have been given the clinic's grievance procedure.
8. I have been given the clinic's phone number and explanation on how to receive emergency services when the clinic is closed.
9. I understand I could be involuntarily discharged by the clinic for violated clinic policy.
10. I understand that I can withdraw this consent in writing at any time.
11. I understand that this form will be reviewed annually and I can request a copy of my patient's rights, payment explanation, grievance procedure, or discharged policy at any time.

Your treatment is a cooperative effort between you and your therapist. Please feel free to discuss any alternative treatment methods as well as possible consequences of stopping or not receiving treatment with your therapist.

This consent for treatment will remain in effect until treatment is terminated, but not longer than 12 months. You have the right to withdraw your consent for treatment at any time in writing. Please feel free to ask your therapist if you have any specific questions and we look forward to working with you.

Client Signature

Date

Parent/Guardian Signature (if applicable)

Date

Clients age 14-17 years of age must sign **in addition** to their parent/guardian.