

Consent to Treatment and Client Bill of Rights

Your rights are protected under the data privacy laws of Wisconsin. The state you are seen, not the state of residence, determines which specific laws apply. These laws are to protect your privacy, to let you know what kind of information we collect on you, how we use that information and how you access it.

The information you share with us is kept in a confidential file. The contents of this file can only be released to a third party with your written consent. The exceptions to this are the mandatory reporting of the abuse or neglect of a child or vulnerable adult, situations where it is determined you are in danger to self or others, and response to a court order.

The information that is collected about you includes basic demographic information (name, address, place of employment, etc.), a synopsis of what you share with your therapist and your therapist's impressions of your situation. This will include a diagnosis of your condition of your condition or situation.

Informed Consent:

- A. The benefits of treatment shall be based on accurate diagnosis and formulation of a treatment plan to adequately mitigate or resolve the presenting problem(s).
- B. Administration of the treatment shall include a mutually agreed upon treatment plan with the frequency of treatment sessions determined by the therapist's assessment of needs.
- C. It is our policy that every client seeking therapy have identifiable, specific, realistic and measureable goals of treatment. You have the right to know the goals of therapy and the means by which we will work toward satisfying these goals. This is often part of the focus of the initial session. It is important that you are part of formulating the goals for your own therapy. Any client who is seen more than three times will have a written treatment plan which he/she will be asked to sign expressing agreement with the plan. The information that is collected about you is used to create a history of your treatment here and assist in planning may include staff consultation for the purpose of obtaining input from other professional staff regarding your treatment.
- D. As in any type of treatment there may be side effects and risks of treatment. Your treatment provider is mandated by our clinic to share the specific side effects and risks engendered by the treatment approach utilized for your treatment. Your treatment provider is also mandated to inform you of other available alternative treatment modes and services. Your services provider is further mandated to inform you of the consequences of not receiving the proposed treatment and services. Mental health therapy is a collaborative process between client and counselor. While case records are the property of the agency you have the right to know your record's content. You may review you file with a professional staff person upon reasonable notice without charge.
- E. This informed consent is effective for one calendar year from the date of consent. It is your right to withdraw your consent commencing at the date and time you provide written notification of your withdrawal of your consent.

If you are not satisfied with the services you may file a grievance. Clients seen in Wisconsin may report unresolved grievances to the Department of Regulation and Licensing at 1-608-266-5511.

I agree to initial treatment at Allied Mental Health Specialty Group. I have also received a copy of Allied Mental Health Specialty Services Privacy Notice explaining my privacy rights under HIPAA.

Client Name:

Date:

Signature of Client

Date

Signature of Parent or Guardian

Date