



North Central Health Care

Person centered. Outcome focused.

Name

DOB:

MRN #:

Program (check one):

- Outpatient Mental Health/AODA
- AODA Day Treatment
- Psychiatry Services

I understand that during enrollment for outpatient services and/or following an assessment/treatment, complete and accurate information has been/will be provided regarding each of the following areas:

- (a) Results of the assessment
- (b) Treatment alternatives
- (c) Possible outcomes and side effects of treatment recommended in the treatment plan
- (d) Treatment recommendations and benefits of the treatment recommendations
- (e) Approximate duration and desired outcome of treatment recommended in the treatment plan
- (f) The rights of receiving outpatient services, including the consumer's rights and responsibilities in the development and implementation of an individual treatment plan
- (g) The outpatient services that will be offered under the treatment plan
- (h) The fees that the consumer or responsible party will be expected to pay for the proposed services
- (i) How to use North Central Health Care's grievance procedure under ch. DHS 94
- (j) The means by which clients may obtain emergency mental health services during periods outside the normal operating hours of the clinic
- (k) Outpatient Services' discharge policy, including circumstances under which a patient may be involuntarily discharged for inability to pay or for behavior reasonably the result of mental health symptoms and,
- (l) The time period for which the outpatient services consent is effective, which shall be no longer than 15 months from the time the consent is given

I have read and understand the above information. I have had an opportunity to ask questions about this information, and I consent to an assessment and/or treatment. I understand that I have the right to ask questions of my outpatient services provider about the above information at any time.

Client Signature (18 years of age and older)

Date

Parent/Legal Guardian Signature

Date

Witness/Employee Signature

Date