

**Client Name:** \_\_\_\_\_

**INFORMED CONSENT AGREEMENT**

I understand that I am seeking services regarding a health problem or suspected health problem at Northland Counseling Services, an outpatient mental health and alcohol and other drug treatment clinic certified by the State of Wisconsin Department of Health and Family Services. I consent to the treatment facilities routine services, which may include but are not limited to: assessment, evaluation, diagnosis, treatment planning, therapy, group therapy, education, discharge planning, referral, and follow-up care. These program elements have been explained to me and I understand what the treatment facility's routine services are.

I acknowledge that I have been given complete and accurate knowledge about the following:

- A) Treatment alternatives
- B) Possible outcomes and side effects of treatment recommendations.
- C) Treatment recommendations and benefits of the treatment recommendations.
- D) Approximate duration and desired outcome of treatment recommendations
- E) An explanation of the rights of a consumer receiving outpatient mental health services, including consumers' rights and responsibilities in the development and implementation of an individual treatment plan.
- F) An explanation of the outpatient mental health services that will be offered under the treatment plan.
- G) The fees that the consumer or responsible party will be expected to pay for the proposed services.
- H) An explanation of how to use the clinic's grievance procedure under ch. DHS 94.
- I) An explanation of the means by which a consumer may obtain emergency mental health services during periods outside of the normal operating hours of the clinic.
- J) The clinic's 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.

**Client Informed Consent**

By my signature below, I/We give informed consent to receive of the above described treatment. This consent is in effect for one year, but may be withdrawn at any time.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date