



Informed Consent for Treatment

I understand that my formal admission into Compass Behavioral Health Clinic, a division of Rock Valley Community Programs, Inc., is conditioned upon my consent to participate in the proposed treatment services. I have spoken with a CBHC provider and the prescribed treatment has been explained to me. I have been informed of and understand the following points:

- Benefits of services offered at CBHC may include, but are not limited to, improved psychological, physiological, familial, social, and occupational functioning.
- Services provided may include, but are not limited to, assessment, case management, urinalysis toxicology screenings, crisis intervention, group therapy, individual therapy, and family therapy.
- Risks of receiving services at CBHC may include feelings of anxiety, frustration, depression, loneliness, helplessness or other intense emotions when life experiences or problems are discussed.
- If a referral is made for medication evaluation, the prescriber will discuss the side effects and benefits of any medications prescribed. Medications may be refused unless there is a court order.
- CBHC providers may recommend alternative treatment services and/or referrals to auxiliary services when appropriate or necessary.
- Refusal to participate in the proposed treatment services may result in additional and/or worse problems.
- Client rights have been explained; I understand they are protected by statute and that they may only be denied under certain circumstances:
 - There is reason to believe that there is a significant risk of harm to the life or health of myself or others.
 - Suspected cases of child neglect or abuse (S.48.98).
 - A lawful order of a court of jurisdiction.
- My individual treatment needs will be evaluated and I will be expected to actively participate in the evaluation process, treatment planning, and fulfillment of my treatment goals.
- Reasons for discharge from CBHC may include the following: completion of treatment, referred out for services, discontinuing treatment, not following the attendance policy, not following through with treatment recommendations, not following through with medication recommendations; not meeting financial obligations.
- I have received information on communicable diseases including sexually transmitted infections (STIs), hepatitis B & C, tuberculosis (TB), and human immunodeficiency virus (HIV). I am informed that my provider(s) may refer me for treatment if appropriate.
- The cost of services has been explained to me and I understand my financial responsibilities for services rendered.
- This informed consent is effective for fifteen months from the date the consent is given and/or until my discharge from services, whichever is sooner.
- I have the right to withdraw this informed consent, in writing, at any time.

I am aware my confidentiality will be upheld, and I am aware that my treatment team works collaboratively as needed to ensure that I obtain the best possible care. I am aware that my treatment team may consist of my primary therapist, group therapist(s), case manager(s), Advanced Practice Nurse Practitioner, nurse, and administrative staff. By my signature below, I attest that my rights have been explained to me. I am aware I can access a copy of CBHC Client Guidebook, Client Rights and Grievance Procedure, and HIPAA Notice of Privacy Practices through the CBHC website or by verbal request. I have discussed this information with my provider or staff, and all of my questions have been answered to my satisfaction. I hereby give my informed consent to engage in treatment voluntarily.

Client Signature

Date

AND if applicable:

Signature of Guardian or Personal Representative

Relationship to Client

Date