

InSite Services
CONSENT FOR OUTPATIENT TREATMENT

1. Outpatient services may include assessment; diagnosis; crisis intervention; individual, group or family therapy; medication; day treatment services, training in daily living and social skills; prevocational training; and/or case management services. Outpatient services are provided by qualified professional staff members of InSite Services. (You may also be financially responsible for treatment planning and consultation activities which may take place without you being present).
2. Outpatient treatment may consist of contacts between qualified professionals and clients, focusing on the presenting problems and associated feelings, possible causes of the problem and previous attempts to cope with it, and possible alternative courses of action and their consequences. The frequency and type of treatment will be planned by you and the treatment staff.
3. Consent for the use of psychotropic medications, if they are recommended by our staff, will be on another form.
4. You are expected to benefit from treatment, but there is no guarantee that you will. Maximum benefits will occur with regular attendance, but you may feel temporarily worse while in treatment.
5. You will be expected to pay (or authorize payment of) all or some part of the cost of treatment received. The amount you pay is dependent upon your ability to pay based on your income and family size. If legal action is initiated to collect your bill, you will be responsible for paying all reasonable attorney fees and court costs in addition to any judgment rendered against you.
6. Failure to keep your appointment or follow treatment recommendations may result in your treatment being discontinued. If you cannot keep your appointment; you are expected to notify the office within 24 hours.
7. All Information and records obtained in the course of treatment shall remain confidential and will not be released without your written consent except under the following conditions:
 - a. As specified in HIPAA Notice of Privacy Practices which you were given;
 - b. You are a non-emancipated minor, ward of the court, or LPS conservatee (in which case another person such as your parent or guardian, the court, or your conservator, can obtain all information about you here);
 - c. Summary data about all clients is reported to the Calif. Dept. of Mental Health, as required by them for research and tracking purposes (which includes your name, and identifying information);
 - d. Under certain circumstances as set forth in Welfare and Institutions Code Sections 5328, which you may read upon request

If the HIPAA confidentiality guidelines and State law are different, we will apply the one that provides your protected health information with greater protection.

8. You have the right to accept, refuse, or stop treatment at any time.
9. For the duration of treatment, I authorize Valley Star Community Services to apply for and receive payment of medical benefits from any and all health insurance plan by which I am covered, including Medicare and related public payer programs.
10. This form informs Medi-Cal eligible individuals (including parents and guardians of Medi-Cal eligible children/adolescents) that:
 - a. Acceptance and participation in the mental health system is voluntary and is not a prerequisite for access to other community services. Individuals retain the right to access other Medi-Cal reimbursable services and have the right to request a change of provider, staff person, therapist, coordinator, and/or case manager, to the extent permitted by law.

I have read the above, and agree to accept treatment, and further agree to all conditions set forth herein. I acknowledge that I have received a copy of this agreement.

Client: _____ Witness: _____

Parent/Guardian/Conservator: _____ Date: _____

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InSite Services
Revised: 6/6/19

Client Information

Name:
DOB: