

Consent for Treatment

You have been provided an and orientation with information regarding the following:

1. Mission, Goals and Philosophy of Cynthia Hamill
2. Hours of Operation
3. Service Availability, including Assessment and Emergency Services
4. Case Management Services (not provided)
5. Staff Credentials
6. Professional Records Retention and Disposal
7. Financial Policies and Fee for Services
8. Grievance or Complaint Procedures
9. Informed Consent
10. Policy on Tobacco and Vaporizers
11. Policy on Weapons
12. Policy of Non-Discrimination and Accessibility
13. Consumer Input and Satisfaction
14. Notification of Privacy Practices
15. Exceptions to Confidentiality and Confidentiality of Minors
16. Your Rights and Recovery in Oklahoma's Duties Regarding Health Information
17. Summary of Client Rights
18. Familiarization with Premises including Emergency Evacuation Routes, Fire & 1st Aid Equipment

Acknowledgements and Consent for Treatment

1. I/We have received a consumer handbook with the above listed information and someone has satisfactorily answered any questions I/We may have.
2. I/We hereby authorize counseling, case management and/or other psychological services by any therapist, case manager or other mental health professional authorized by Recovery in Oklahoma.
3. I/We agree to be actively involved in my service plan development and that this plan will involve the prescription of and involvement in regular individual, family, or group therapy sessions.
4. I/We understand that no guarantees have been given by anyone as to the results that may be obtained.
5. I/We consent to follow-up, referral, and payment for subsequent services and to being contacted following discharge regarding payments and for input regarding satisfaction and the quality of care.
6. I authorize the release of any medical or other information necessary to process any claim. I also authorize payment of benefits to the agency and/or supplier of services.

Provider Signature

Date

The above-designated counselor has satisfactorily supplied me with information regarding his/her practice, licensure/ certification and professional development and I have been offered a copy of this information.

Client Signature

Date

Parent or Guardian Signature

Date