

Delphi Mental Health
1489 W Warm Springs Rd, Suite 110
Henderson, NV, 89014
Office: 702-670-2725

Informed Consent for Mental Health Treatment

You have requested mental health services from Delphi Mental Health. Services provided may include case management, therapy (both individual and family), psychosocial rehabilitation, basic skills training, crisis intervention, assessment, and other services common to community mental health programs.

Services provided may have risks:

1. Desired outcomes may not be achieved.
2. Behaviors may get worse during the course of treatment.
3. Sharing your feelings with staff may expose illegal actions or allegations of abuse where the proper authorities may be notified.

Services provided may also have benefits:

1. Your mental health may improve.
2. Your physical health may improve.
3. Your quality of life may improve.

You must give voluntary consent before you receive services. **You have the right to refuse treatment.** You also have the right to participate in the development and review of an individualized treatment plan, to be informed of your diagnoses, and to withdraw your consent to treatment.

The above Informed Consent for Treatment and Services has been explained to me and I agree to receive services from Delphi Mental Health. My consent is valid for one year from the date signed unless revoked by me, in writing, at an earlier date.

CLIENT NAME (please print)

DATE

CLIENT/PARENT/LEGAL GUARDIAN SIGNATURE

DATE

WITNESS NAME

DATE