

Patient's Name _____ DOB _____



Consent for Outpatient Services

I understand that during enrollment for outpatient services and/or following an assessment/treatment, complete and accurate information have been/will be provided regarding each of the following areas:

- Results of the assessment.
- Treatment alternatives.
- If my Therapist is In Training.
- Possible outcomes and side effects of treatment recommended in the treatment plan.
- Treatment recommendations and benefits of the treatment recommendations.
- Approximate duration and desired outcome of treatment recommended in the treatment plan.
- The rights of receiving outpatient services, including the consumers rights and responsibilities in the development and implementation of an individual treatment plan.
- The fees that the consumer or responsible party will be expected to pay for the proposed services.
- How to use The Caring Tree's Grievance Procedure.
- The means by which clients may obtain emergency mental health services during periods outside the normal operating hours of the clinic.
- Outpatient services 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 and,
- the time for which the outpatient services consent is effective, which shall be no longer than 15 months from the time the consent is given.

I have read and understand the above information, I have had an opportunity to ask questions about this information, and I consent to an assessment and/or treatment. I understand that I have the right to ask questions of my outpatient service provider about the above information at any time.

Client or Parent/Legal Guardian Signature _____ Date _____

Witness Signature _____ Date _____