

Therapy House

700 Villa Street - Racine, WI 53403 Fax (262)619-3263

INFORMED CONSENT FOR TREATMENT

Therapy House wants you to be aware of your rights as a client of this clinic, and asks for your informed consent to receive treatment.

- A. The benefits of being a recipient of services may include, but are not limited to: being better able to meet your personal needs, having improved communication skills, clearer thought processes, and a more stable mood.
- B. Services provided may include psychiatric assessment, group, individual, family or couples therapy. If medication is a part of your treatment program, your psychiatrist will discuss the purpose of the medication with you.
- C. The risks of receiving services may include feelings of anxiety, depression, frustration, loneliness, helplessness, or other intense emotions when you discuss life problems or experiences with your treatment provider(s). Certain medications may have common side effects that will be discussed with you at the time you see your psychiatrist for a medication evaluation. It is your right, unless under court order, to decide whether or not you want to take any medication.
- D. If you disengage from services, or elect not to participate, it is possible that your problems may not be addressed or may become worse than they are at the present time.
- E. The treatment staff may suggest alternate treatment modes, and will make referrals for other services when appropriate or necessary.
- F. You may be discharged from treatment for failure to follow through with treatment recommendations or failure to attend appointments.
- G. Services never involve sexual contact between therapist and client. This is unethical and against the law.
- H. This informed consent will be in effect until such time that you are discharged from services, either by mutual agreement with your mental health professional, or through your own decision.
- I. You have the right to withdraw from this informed consent, in writing, at any time.

Denial of Rights

Your rights may only be denied under certain circumstances, including:

- 1. When there is a danger to the life or health of the client, or potential harm to others.
- 2. Suspected cases of child abuse or neglect (ss. 48.98).
- 3. A lawful order of the court to which you must comply.

By my signature below, I attest that my rights as a client have been explained to me, and I give my consent for treatment.

Patient/Guardian Signature: _____ Date: _____

Patient's Name (Print): _____ Date of Birth: _____

Staff Witness: _____ Date: _____