

Client Name:

Facility Name:

Intake Date:

INFORMED CONSENT FOR TREATMENT and SERVICES

You have requested Community Mental Health Services from _____. Services provided may include case management, medication management, substance abuse treatment, skills training, crisis intervention, residential services, 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 and other residents may expose illegal actions where _____ may be required to notify authorities.

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, to receive an explanation of any prescribed medications and possible side effects, and to withdraw your consent to treatment and file a grievance at any time.

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

CLIENT NAME

DATE

WITNESS NAME

DATE