

WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES OUTPATIENT CLINICAL SERVICES INFORMED CONSENT FOR TREATMENT

The Waukesha County Health and Human Services Department (WCDHHS) wants you to be aware of your rights as a patient of outpatient clinical services and asks for your informed consent to receive treatment. A copy is on display in the lobby.

- (A) The benefits of being a recipient of services may include, but are not limited to, being better able to meet your personal needs, improved communication skills, clearer thought process, and more stable mood.
- (B) Services provided may include psychiatric assessment, case management, group, individual, family and couples therapy. Upon the completion of psychiatric assessment, you have the right to learn of treatment recommendations. If medication is a part of your treatment program, the purpose of the medications will be discussed with you by your psychiatric prescriber.
- (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 providers. Certain medications may have common side effects that will be discussed with you at the time that you see the psychiatric prescriber for a medication evaluation. It is your right, unless under court order, to decide whether or not you want to take any medication.
- (D) As a client, you have a right and responsibility to participate in the development and implementation of your treatment plan. Duration of treatment and desired outcomes of treatment will be outlined in your treatment plan, which will be based on your needs and available services.
- (E) As part of your assessment the therapist may request a release of information to obtain collateral information from current or previous treatment providers, family or friends, treatment courts, or probation officers as appropriate.
- (F) If you disengage from services or elect not to participate, it is possible your problems may not be addressed or may become worse than they are at the present time.
- (G) The treatment staff may suggest alternate treatment modes and will make referrals to other services when appropriate or necessary.
- (H) Services never involve sexual contact between clinician and client. This is unethical and against the law.
- (I) As a client receiving services from WCDHHS, it may be necessary for information about you to be exchanged with staff in different sections of WCDHHS. The exchange of confidential information may be done without the notification of the patient (Wisconsin Statute 46.23(3)(e)). Such sharing of information among WCDHHS personnel shall be limited to that which is relevant to the particular services being considered, offered or delivered and will be done in a manner that considers the client's best interest and protects his/her right to privacy.
- (J) This informed consent will be in effect until such time that you are discharged from services, or fifteen months from the date this consent is executed, whichever is sooner.
- (K) You have a right to withdraw this informed consent, in writing, at any time.
- (L) All clients are expected to pay the fees associated with proposed services, as determined by a meeting with a fiscal representative at the start of a treatment episode.
- (M) The WCDHHS Policy on Outpatient Involuntary Discharge is available upon request.
- (N) During non-business hours, emergency mental health services can be accessed by contacting 211/Impact at 2-1-1 or (866) 211-3380 or (262) 547-3388.
- (O) Court Ordered Psychological Reports are considered part of the health record and will be maintained in the electronic health record by WCDHHS. This report is accessible to your care team for treatment purposes. You may obtain a copy of this record through the Waukesha County Court System. Additional review is required to ensure the safety of all parties involved, per 45 CFR §171.201.

DENIAL OF RIGHTS

Your rights may only be denied in certain circumstances such as:

- 1) When there is a danger to life or health of the patient, or potential harm to others.
- 2) Suspected cases of child abuse or neglect. (Wisconsin Statute 48.981)
- 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. I have also received a copy of the appropriate brochure "Client Rights and the Grievance Procedure for Community Services".

Client / Guardian or Legal Representative* Signature

Date & Time

Client's Name (PLEASE PRINT)

Date of Birth

Practitioner Conducting Discussion

Date & Time

If the client does not sign please document the reason: _____

* If signed by a person other than the client, you must have proof of legal authority (e.g. Guardianship Papers, Power of Attorney documents) and complete the following:

Client is: Minor Incompetent Unable to sign due to disability
 Legal Authority: Parent of Minor Legal Guardian Power of Attorney (POA) Other: _____