



CONSENT FOR TREATMENT AND YOUR RIGHTS AND THE GRIEVANCE PROCEDURE FOR OUTPATIENT MENTAL HEALTH



We want you to be aware of your rights as a client and ask for your Informed Consent to receive treatment.

1. The benefits of therapy/treatment are to help alleviate the problems and symptoms that you present.
2. Therapy/treatment is conducted in sessions between therapist and client talking about the problems presented.
3. You may ask your therapist about any side effects you might expect from therapy/treatment and they will be discussed with you.
4. The therapist will suggest alternative treatment modalities and assist in referrals when appropriate and necessary.
5. You have the right to refuse therapy/treatment.
6. The possible consequences of not accepting/receiving therapy/treatment can be discussed.
7. An individual may be discharged, or refused therapy/treatment for inappropriate behavior such as destroying property, violating confidentiality of other clients or visitors, disruptive behavior, and other situations as determined by Pathway Clinic or REDI Clinic management.
8. Your signature below indicates that you are giving consent to participate in therapy/treatment, that you understand your rights, and have received a copy of same.
9. Content of all interviews will be held confidential and can be shared with others outside Pathway Clinic or REDI Clinic only with your prior written approval. Please keep confidential the names of other clients or visitors you may see here.
10. You have the right to withdraw Informed Consent at any time, in writing.
11. This Consent for Treatment is valid for a period of twelve months from the date of signature, and a new Consent for Treatment will need to be signed again every twelve months during each period of treatment.

I. BILL OF RIGHTS

- A. When you receive any type of service or mental health, alcoholism, drug abuse, or a developmental disability you have the following rights under Wisconsin Statute sec 51.61(1) and HSS 94 Wis. Administrative Code.

II. PERSONAL RIGHTS

- A. You must be treated with dignity and respect, free of any verbal or physical abuse.
- B. You have the right to have staff make fair and reasonable decisions about your treatment and care.
- C. You cannot be treated differently because of your race, national origin, sex, age, religion, disability, or sexual orientation.
- D. Your surroundings must be kept safe and clean.

III. TREATMENT AND RELATED RIGHTS

- A. You must be provided prompt and adequate treatment, rehabilitation and educational services appropriate for you.
- B. You must be allowed to participate in the planning of your treatment and care.
- C. You must be informed of your treatment and care, including alternatives and possible side effects of medication.
- D. No treatment or medication may be given to you without your consent, unless it is needed in an emergency to prevent serious physical harm to you or others, or a court orders it.
- E. You must not be given unnecessary or excessive medication.

IV. RECORD PRIVACY AND ACCESS LAWS – Please refer to the separate Notice of Privacy Practices

V. RIGHT OF ACCESS TO COURTS

- A. If you feel your rights have been violated, you may file a grievance.
- B. You cannot be threatened or penalized in any way for filing a grievance.
- C. The service provider or facility must inform you of your rights and how to use the grievance process.
- D. You may, at the end of the grievance process, or any time during it, choose to take the matter to court.

VI. HOW TO CONTACT YOUR CLIENT RIGHTS SPECIALIST

- A. Contact your Client Rights Specialist, David Drajkowski, MSW, LCSW, at (414) 223-4000, to file a grievance or to learn more about the specific grievance process used by the agency from which you are receiving services.

If you have specific questions, please ask your therapist. We look forward to working with you.

Client or Legal Guardian Signature

Date

Witness Signature

Date