



## **PATIENT RIGHTS and CONSENT TO TREATMENT**

As a patient, you have a right to appropriate care and protection. State and Federal laws and regulations guard your confidentiality. You also have other rights, which are listed below. Read them carefully and be sure to ask your provider if you have any questions about them.

1. **Consent to Treatment:** I understand that the primary staff person(s) assigned to me will explain the nature of the assessments and treatment to be provided, the expected benefits and risks, and alternatives available. I understand that, although a reasonable standard of care will be provided, improvement, though expected, is not guaranteed. I understand that I may be contacted in the future for a follow-up interview. If I wish to withdraw from treatment at any time, the staff person will help me with an appropriate referral if I so choose.
2. Treatment sessions may be tape recorded for supervision, which may occur via encrypted video conferencing. Tape recordings will be held completely confidential, according to state and federal law. Tapes are for temporary use and will be erased.
3. **Confidentiality and release of Information:** I understand that information concerning my contacts with the clinic will be held confidential among my clinical team to protect my right to privacy. I further understand that such information will not be disclosed without my written permission, or that of my legal guardian, except under special circumstances such as:
  - a. If I threaten to injure myself or someone else;
  - b. When such information as required by law to be reported such as information regarding abuse, neglect, molestation, or exploitation of a minor, incapacitated adults, elder person 65 or older, or in the case of a court order;
  - c. For medical emergency, or
  - d. Use of pertinent parts of my medical record and/or financial record pertaining to my treatment for the purpose of quality improvement activities.
4. I understand and have the right to:
  - a. Privacy
  - b. Considerate care that respects my privacy and individual needs.
  - c. Information about my assessments and treatment.
  - d. Know the names and functions of everyone who takes care of me.
  - e. Make my care decisions before and during the course of treatment.

- f. Refuse a recommended treatment or plan of care.
- g. Expect clinical staff to treat all communications and records about my care confidentially.
- h. Expect continuity of care and be told about choices that are provided outside of your medical clinic.
- i. Appropriate recognition and consideration of my spiritual and cultural values.
- j. Review my assessment and treatment records and have information provided to me.

I acknowledge that I have been advised of my rights as a patient.

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Patient or legally Authorized Representative(Signature)

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Date

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Patient or legally Authorized Representative (Printed)

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Staff

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Date