



LAKE GENEVA WELLNESS CLINIC, LLC  
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## CLIENT RIGHTS AND INFORMED CONSENT

Client name: \_\_\_\_\_

### Patient Rights

When you receive any type of therapy service, you have the following rights under Wisconsin Statute sec 51.61 (1) and HFS 94, Wisconsin Administrative Code:

### Personal Rights

- You must be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse.
- You have the right to have staff make fair and reasonable decisions about your treatment and care.
- You may not be treated unfairly because of your race, national origin, sex, age, religion, disability or sexual orientation.
- You may not be filmed, taped, or photographed unless you agree to it.

### Treatment and Related Rights

- You must be provided prompt and adequate treatment; rehabilitation and educational services appropriate for you.
- You must be allowed to participate in the planning of your treatment and care.
- You must be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
- No treatment may be given to you without your written, informed consent, unless it is needed in any emergency to prevent serious physical harm to you or others, or a court orders it. [If you have a guardian, however, your guardian may consent to treatment and medications on your behalf.]
- You must be informed in writing of any costs of your care and treatment for which you or your relatives may have to pay.
- You must be treated in the least restrictive manner and setting necessary to achieve the purposes of admission to the program within the limits of available funding.

I voluntarily consent that I will participate in a mental health (e.g. psychological or psychiatric) evaluation and/or treatment by staff from the Lake Geneva Wellness Clinic. I understand that following the evaluation and/or treatment, complete and accurate information will be provided concerning each of the following areas:

- a. The benefits of the proposed treatment
- b. Alternative treatment modes and services
- c. The manner in which treatment will be administered
- d. Expected side effects from the treatment (when applicable)
- e. Probable consequences of not receiving treatment

The evaluation or treatment will be conducted by a psychotherapist, licensed clinical social worker, licensed professional counselor, or an individual supervised by any of the professionals listed. Treatment will be conducted within the boundaries of Wisconsin Law for Psychological, Psychiatric, Nursing, Social Work, Professional Counseling, or Marriage and Family Therapy

Client (or parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

## **Record Privacy and Access**

Under Wisconsin Statute sec. 51.30 and HFS 92, Wisconsin Administrative Code:

- Your treatment information must be kept private (confidential), unless the law permits disclosure.
- Your records may not be released without your consent, unless the law specifically allows for it.
- You may ask to see your records. You must be shown any records about your physical health or medications. Staff may limit how much you may see of the rest of your treatment records while you are receiving services to prevent harm, or to protect the client or minor.
- You must be informed of the reasons for any such limits. You may challenge those reasons through the grievance process. After discharge, you may see your entire treatment record if you ask to do so. If you believe something in your records is wrong, you may challenge its accuracy. If staff will not change the part of your record you have challenged, you may file a grievance and/or put your own version in your record.
- A copy of sec. 51.30, Wis. Stats., or HFS 92, Wisconsin Administrative Code, is available upon request.

Information from my evaluation and/or treatment is contained in a confidential record at the Lake Geneva Wellness Clinic, and I consent to disclosure for use by the Lake Geneva Wellness Clinic for the purpose of continuity of my care. Per Wisconsin mental health law, information provided will be kept confidential with the following exceptions: 1) if I am deemed to present a danger to myself or others; 2) if concerns about possible abuse or neglect arise; or 3) if a court order is issued to obtain records.

Client (or parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

## **Patient Responsibilities**

- Every patient is responsible for following all clinic rules and regulations affecting patient care and conduct.
- Every patient is responsible for providing a complete and accurate medical history and cooperating with the treatment plan and procedures prescribed for his/her care.
- Every patient is responsible for abstaining from unauthorized drugs or intoxicating beverages during the period of outpatient treatment.
- Every patient is responsible for making it known whether he/she clearly comprehends a contemplated course of action and the things he/she is expected to do.
- Every patient is responsible for being considerate of the rights of other patients and clinic personnel and property.
- Every patient is responsible for providing the clinic with accurate and timely information concerning his/her sources of payment and ability to meet financial obligations.
- Every patient is expected to be responsible and call in forty-eight (48) hours before they cancel appointments with their therapist. Failure to do so may result in a charge for the session missed. If a patient decides to terminate treatment, it is expected and hoped that the patient will meet with his/her therapist and discuss aftercare plans so that the termination exit will go smoothly

## **Grievance Procedure and Right of Access to Courts**

- Before treatment is begun, the service provider must inform you of your rights and how to use the grievance process. A copy of the Program's Grievance Procedure is available upon request. If you feel your rights have been violated, you may file a grievance.
- You may not be threatened or penalized in any way for presenting your concerns informally by talking with staff, or formally by filing a grievance.
- You may, instead of filing a grievance or at the end of the grievance process, or any time during it, choose to take the matter to court to sue for damages or other court relief if you believe your rights have been violated. Note: There are additional rights within sec. 51.61(1) and HFS 94, Wisconsin Administrative Code. They are not mentioned here because they are more applicable to in-patient and residential treatment facilities. A copy of sec. 51.61, Wis. Stats. and HFS 94, Wisconsin Administrative Code is available upon request.

**Right to Withdraw Consent**

- You have the right to withdraw your consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.

**Expiration of Consent**

- This consent to treat will expire in 12 months from the date of signature, unless otherwise specified.

I have read the above information and have been notified of my rights and the grievance procedure available to me. I have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment. I also attest that I have the right to consent for treatment. I understand that I have the right to ask questions of my service provider about the above information at any time.

Client (or parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

**Communication through social media, email, and texting**

If you communicate confidential or private information via email or text messaging Lake Geneva Wellness Clinic and its providers and staff will assume you have made an informed decision, and will view it as your agreement to take the risk that such communication may be compromised. It is understood that email and text messaging is not confidential and are not encrypted. Emailing and text messaging can be easily compromised and monitored.

Lake Geneva Wellness Clinic and its providers and staff will not accept friend requests from current or former clients on social networking sites due to the fact that these sites can compromise clients confidentiality and privacy. For the same reason we request that you do not communicate with us via any social networking sites.

It is the preference of Lake Geneva Wellness Clinic to only respond to email or text messaging by scheduling an appointment in order to address your concerns privately and confidentially. **Therefore, I understand that if I use email or text messaging as a method of communication with my provider at Lake Geneva Wellness Clinic that my provider at Lake Geneva Wellness Clinic is not liable for any HIPAA violations or confidential information that may be exposed.** I also understand that emails and important text messages will become a part of my chart.

**Please do not use email or text messaging for emergencies.**

Client (or parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_