Pathways Counseling Center

Wraparound Milwaukee

CLIENT RIGHTS AND CONSENT TO PROCEDURE OF TREATMENT

Pathways Counseling Center wants you to be aware of your rights as a patient (according to HFS 94 "Patient Rights" from the Wisconsin Administrative Code) and wants to ask for your informed consent to receive therapy. Your therapist will discuss an individualized treatment plan with you and ask you to sign that document, too. Please ask your therapist if you have any questions.

- I have reviewed the Client Bill of Rights (on the reverse) about my rights as a client and the grievance procedure.
- I understand the following general information about psychotherapy:
 - a. The benefits of the therapy are to help alleviate problems and symptoms which are bothersome.
 - b. The following applicable service(s) is/are conducted with a therapist for purposes of defining and resolving problems or concerns:
 5100 (In Office)
 5160 (In Home)
 5222A (Team meeting)
 - c. If there are any expected side effects from therapy or, they will be discussed with your therapist.
 - d. The therapist will suggest alternative treatment modes and make referrals when appropriate.
 - e. The probable consequences (disadvantages) of not receiving therapy can be discussed.
- I know, under most circumstances, no information about me or my treatment will be given to others without my written permission. What I say to my therapist is confidential. I understand I may ask for more information about the following exceptional circumstances in which some of my privacy may be temporarily overruled by my therapist's duty to protect safety in cases of:
 - a. Child neglect or child abuse (physical, emotional, or sexual). This includes any sexual contact involving minors under age 18
 - b. Abuse or neglect of an elderly or disabled person.
 - c. Imminent danger of violence or harm to myself or others.
- If you have any legal involvement regarding child custody or placement issues, please discuss confidentiality with your therapist.

My signature below affirms that:

□ Other

- 1. I know I may withdraw my consent to be in treatment at any time. I understand my signature below does not decrease any of my rights; rather, my signature simply confirms that I have had enough time to review both sides of this page and have been provided with enough information about my therapy so that I am willing to consent to begin treatment. In addition, signing below affirms that I have been offered a copy of the Client Bill of Rights.
- I understand this consent is applicable for one year from today's date unless otherwise indicated.

| Client Signature (If 14 yrs. of age or older) | Date | Therapist Signature | Date | |
|--|------|-----------------------|------|--|
| Parent/Legal Guardian Signature | Date | Witness Signature | Date | |

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CLIENT BILL OF RIGHTS

All clients have the following rights:

- 1. The right to be treated with dignity and respect, free from any verbal, physical, emotional or sexual abuse.
- 2. The right to expect prompt, competent, and professional assessment and treatment services.
- 3. The right to be treated fairly regardless of race, national origin, sex, age, religion, disability, or sexual orientation.
- 4. The right to not be filmed, taped or photographed unless you agree to it.
- 5. The right to participate in the planning of your treatment and care.
- 6. The right to be informed of your treatment and care, including alternatives to and possible side effects of treatment, including medications.
- 7. The right to receive medication and treatment on a voluntary basis prior (except in emergencies) to being transferred to a more restrictive ward, unit, or facility.
- 8. The right to not be given unnecessary or excessive medications.
- 9. The right to not participate in experimental research without your written informed consent.
- 10. The right to be informed, in writing, of any costs of your care and treatment for which you or your relatives may have to pay.
- 11. The right to 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.
- 12. If you feel your rights have been violated, you may use the following grievance procedure:
 - a. Discuss the matter with staff about any concerns you have. However, you do not have to do this before filing a formal grievance with your service provider.
 - b. If you want to file a grievance, you may use the "Client Rights Grievance Form" available upon request.
 - c. Further details on grievance procedures are available upon request.
- 13. You have the right to have treatment information kept confidential (unless the law permits disclosure or you sign a release).
- 14. You have the right to ask to view your records.
- 15. As with any legitimate grievance or perceived violation of your rights, you have access to county and state agencies, licensing boards, professional organizations and the courts for legal action if our procedures prove unsatisfactory to you.