N.E.W. Community Clinic

AGREEMENT AND CONSENT FOR TREATMENT SERVICES

Client Name:_____ DOB:_____

Please read and complete ONE form for each person, couple and/or family.

In signing this *Agreement and Consent for Treatment Services* form, I acknowledge that:

- I consent to treatment at N.E.W. Community Clinic.
- I may withdraw from treatment or my therapist may terminate treatment at any time unless treatment is court ordered.
- I am 18 years of age or over and have not been declared incompetent by a court of law, or
- I am the parent/legally appointed guardian or other authorized representative of the client to be treated, in such client is 17 or younger.
- I acknowledge that services are billed to my insurance and remaining financial costs are covered by Grant funding on my behalf, until such time as I no longer meet income requirements.
- I have been offered a copy of client rights.

I further acknowledge the following:

I understand that therapy and medication management is a joint endeavor between the provider and client, the results of which cannot be guaranteed. Progress depends on many factors, including motivation, effort, and life circumstances. Treatment can be provided through face-to-face session or telehealth as deemed appropriate by your designated provider.

- My treatment team will inform me of any possible risks in my seeking therapy and will work with me to determine the best course of treatment by together developing a plan of care. Treatment may include use of telehealth when deemed appropriate by the provider.
- If my treatment team believes that counseling or medication management is not appropriate for my circumstances or that I would best be served elsewhere, I will be so informed.
- No violence, threats of violence or criminal activity will be accepted during the counseling duration.
- You can expect that family or significant other involvement may be requested as part of your assessment or counseling. A release of information from you would occur prior to any contact with family
- Unfortunately, individual counseling is not effective for everyone and at times a more intensive form of treatment may be needed. If this becomes an issue, we will be committed to referring you to appropriate services.
- I understand that a provider is on call for emergencies when the clinic is closed. For after-hours emergencies, I can call 920-606-2672. The Crisis Center is also an option and the phone number is 920-436-8888.

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Telehealth is defined as treatment services provided through use of interactive video and audio communications.

- Telehealth treatment may include but is not limited to, the possibility, despite reasonable efforts on the part of the counselor, that: a) the transmission of my personal information could be disrupted or distorted by technical failures, b) the transmission of my personal information could be interrupted by unauthorized persons, c) and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. N.E.W. Community Clinic utilizes secure, encrypted audio/video transmission software to deliver telehealth.
- Telehealth treatment requires that if we lose contact with you or if you fail to show for a schedule videoconference call we will contact you by phone to check on your well-being. In addition, if you are showing signs of being in significant distress we are required that we have permission to contact someone to ensure your safety.

I acknowledge that the information contained in the *Agreement and Consent for Treatment Services* document has been made available to me, explained to me or read by me. My signature affirms that I understand the information and enables me to make an informed voluntary consent to this treatment.

Each person participating in counseling must sign below:

_____		_____
Counseling Patient or Legal Representative	Date	Description of Legal Reps Authority
_____		_____
Counseling Patient or Legal Representative	Date	Description of Legal Reps Authority