

PATIENT /CLIENT RIGHTS CONSENT FORM

PLEASE READ AND SIGN BELOW

Midwest Center for Human Services, L.L.P. wants you to be aware of your rights as a patient/client and asks for your **INFORMED CONSENT TO RECEIVE PSYCHOTHERAPY**. Please read the following general information about the psychotherapy process:

1. The benefits of psychotherapy are to help alleviate the problems and symptoms that you present.
2. Psychotherapy is conducted in sessions between psychotherapist and patient/client talking about the problem presented.
3. If there are any expected side effects from psychotherapy (or medication when that is a consideration) they will be discussed with you.
4. The psychotherapist will suggest alternative treatment methods and will make referrals to other psychotherapists when appropriate or necessary.
5. The possible consequences of not receiving psychotherapy may be discussed.
6. What you say to your therapist, as well as any case notes or other records are confidential and generally will not be shared with others unless you provide written consent. However, there are exceptions to this:
 - a.) Sound ethical treatment as well as state mental health policy requires periodic review of psychotherapy performed by your therapist. These reviews will be done by other mental health professionals affiliated with Midwest Center unless you are otherwise notified. You have the right, upon your request, to meet face-to-face with your therapist's clinical supervisor.
 - b.) If your therapist has reason to believe you or someone else may be in danger of physical harm, state law and professional ethics require your therapist to take steps to protect you and/or other persons involved. This may include notification of appropriate social service and legal agencies.

Examples of such instances include:

- Danger of suicide or other self-injurious behavior,
- Danger of causing physical harm to another,
- Occurrence or suspicion of child abuse or neglect.

7. Informed consent is given for the duration of 12 months, at which time it will be updated if treatment is on-going.
8. You have the right to withdraw informed consent, in writing, at any time.

I have read the above information and I give my consent for psychotherapy. A copy of the the "Patient Bill Of Rights" is available upon request.

Patient/Client Signature: _____ Date: _____