



## *WETZEL-RASMUSSEN COUNSELING SERVICES*

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### **Informed Consent for Outpatient Mental Health Treatment**

**What Mental Health Outpatient Treatment Includes:** Client and staff member will work together to develop a treatment plan to address client needs and the outcomes desired by the client from outpatient treatment. Regular appointments ranging from weekly to monthly with a therapist to facilitate positive change and achievement of treatment outcomes are scheduled. Appointment can be individual, couple, family, or group.

**How Mental Health Outpatient Treatment is Provided:** Treatment is provided regularly with the client's assigned independent provider using a variety of best practice therapeutic techniques such as person centered, cognitive behavioral, motivational, emotive, and for children play therapy.

**Benefits of Mental Health Outpatient Treatment Recommendations:** The potential for improved mood and self-esteem, better understanding of past, current and future life problems and improved coping skills.

**Treatment Side Effects:** The potential for worsening mood or behaviors and medication side effects.

**Alternative Treatment Modes/Services:** Alternatives include residential centers (e.g. AODA and psychiatric inpatient hospitals), regular medical care, AODA and other outpatient therapists utilizing different techniques.

**Consequences for Not Receiving Treatment:** The consequences of not receiving treatment for mental health issues are often inadequate and inconsistent attention to medical care, problems with employment, living situations, and personal relationships and finances. This often puts a person at risk of losing their health, friends and family and can result in placement in a more restrictive treatment setting.

**Informed Consent Time Period:** The time period for which this informed consent and all forms signed are effective from the time you sign this or other documents until 12 months have gone by unless you withdraw your consent before then.

**Withdrawing Consent:** You may withdraw this informed or any consent given at anytime by presenting your request in writing to your therapist.

**Declarations:** I declare I have been provided with specific, complete and accurate information and time to study the information or to seek additional information concerning the proposed treatment or services related to my mental illness. If medication is part of the treatment prescribed, I understand I will also be asked to sign an "Informed Consent to Medicate."

\_\_\_\_\_  
Signature of Client (required by all clients 14 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (required for all clients under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date