

LCWC - INFORMED CONSENT & CLIENT RIGHTS FORM

It is the policy of this clinic that each Client, or individual acting on behalf of the Client, will receive specific complete, and accurate information regarding the psychotherapy treatment & professional services they may receive from this clinic. It is the clinic's policy to offer this information in both written and verbal form.

Clients of Lake Country Wellness & Counseling have the right:

- To be provided with specific, complete and accurate information about the treatment or professional service (PS) that is being proposed, which includes:
 - a. The benefits of the proposed treatment/(PS)
 - b. The way the treatment is to be administered
 - c. The expected treatment side effects or risks of side effects from medications
 - d. Alternative treatment service modes
 - e. The probable consequences of not receiving proper treatment
- To be informed of your rights verbally & in writing
- To Give informed consent recognizing your permission to receive treatment
- To receive prompt and adequate treatment /(PS)
- To refuse treatment/(PS) that you do not desire
- To be free of unnecessary or excessive medication
- To receive clear information regarding medication including its possible benefits, side effects, and alternative medications
- To be free of drastic treatment/(PS) procedures, unless you give your informed consent
- To be free from unreasonable or arbitrary decisions pertaining to your treatment
- To be free from audio & video recording without your informed consent
- To have confidentiality of your treatment or professional services recorded protected
- To have access to information in your treatment or service records. You may also have your records forwarded to a new therapist, doctor, or provider following your treatment at this clinic. You may also challenge the accuracy of the information in your record and have the right to have factual errors corrected.
- To file a grievance regarding this clinic if you feel your rights have been denied or limited
- To ask for and obtain a copy of the grievance procedure for this clinic
- To have a copy of these Client rights given to you at intake

My signature indicates that I(1) have read and understand the policy and procedures pertaining to my granting consent for the treatment or services I choose to receive, and (2) have been presented with my rights as a Client along with any other necessary and appropriate information either verbally or in writing and, have had adequate time to consider this information, do hereby give my informed consent to participate in the recommended treatment or professional service. I also understand that this authorization will remain in effect 1 year from the date of signature. I also understand that it may be revoked by me, in writing, at any time, but would not apply to any information already released in good faith.

Client Signature

Date

Guardian Signature

Date

Copy Given to Client as requested