

## Consent for Treatment

Client Name: \_\_\_\_\_ ID #: \_\_\_\_\_

### Consent to Evaluate/Treat

I voluntarily agree to be admitted to the Golden Willow Counseling treatment program. I agree to participate in substance use disorder evaluation and/or treatment by staff from GWC.

I understand that following the evaluation and/or treatment, complete and accurate information will be provided concerning an orientation to the program, the nature of the treatment to be provided, and options for referrals and/or alternative treatment should I request that information.

I understand that I will be involved in the decision-making process in regards to my treatment planning during my treatment and upon my discharge from treatment. I understand that evaluation and/or treatment will be conducted by a licensed clinician or an individual supervised by a licensed clinician.

I understand that I have the right to refuse evaluation and/or treatment. I understand that I have the right to withdraw from treatment at any time. I also understand that if I do choose to refuse or withdraw from treatment, either action may result in legal sanctions against me.

### Consent to be Tested for Alcohol and/or Drugs

I understand that it is the policy of GWC to test all clients for alcohol and/or drugs periodically. These test results are regularly reported to referral sources. I understand that by signing this consent to be tested, I am agreeing to abide by all rules of GWC governing the uses of the results of these tests.

- ❖ I understand that refusal to provide test samples will be considered “positive, client refused” and will be reported to my referral source.
- ❖ I understand that statements that “I am not able to provide a sample now” (for any reason) will be considered “positive, client refused” and will be reported to my referral source.
- ❖ Not notifying staff of changes to prescribed medications will be considered “positive, client refused” and will be reported to my referral source.

### Charges/Assignment of Benefits

I hereby authorize and request all insurance carriers, health maintenance organizations or managed care organizations with whom I have coverage, including (but not limited to) Medicare, Medicaid/Centennial Care, and/or Optum Health to pay directly to GWC any and all benefits due under the terms of my policy for items or services provided by GWC including any settlements or judgements for such items of service.

Fees are based on the length or type of the evaluation or treatment, which are determine by the nature of the service. I agree to participate in any application process that may provide me benefits for services provided, and understand that should I refuse to complete these applications or provide

substantive information as part of formal requests for charity care, that I will be responsible for any charges not covered by insurance, including co-payments and deductibles. Fees are available upon request.

**Confidentiality, Harm, and Inquiry**

Information from my evaluation and/or treatment is contained in a confidential medical record at GWC, and I consent to disclosure for use by GWC staff for the purpose of continuity of my care. Information provided will be kept confidential with the following exceptions:

- ❖ If I am deemed to present a danger to myself or other;
- ❖ If concerns about possible abuse or neglect of a child or vulnerable adult arise; or
- ❖ If a court order is issued to obtain records.

I understand that State, Federal, and other regulatory agencies may review my record as part of the routine certification and/or licensing process for GWC.

**Expiration of Consent**

This consent to treat will expire 12 months from the date of signature, unless otherwise specified.

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**I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment. I also attest that I am 18 years of age or older and have the right to consent for treatment.**

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Signature of client 18 years or older

Date