

Outpatient Consent and Acknowledgement

I, _____, hereby acknowledge that I have received and have been given an opportunity to read a copy of CCW's statement of consumer rights, limits of confidentiality, no show/cancellation policy, privacy policy, and grievance process. This certifies that I give Compass Counseling, LLC permission to provide evaluation and/ or psychotherapy treatment to myself. I understand that I am expected to benefit from treatment, but there are no guarantees. Maximum benefits will occur with regular attendance, but I understand that I may feel temporarily worse while in treatment. I understand that if I have any questions regarding the notice or my privacy rights, I can contact CCW, attention Privacy Officer at 715-298-6364.

Benefits or expected outcome of proposed treatment include but are not limited to:

- Improvement of presenting condition or symptoms
- Improved ability to cope with developing life demands
- Improved communication skills.

Possible effects of receiving treatment include but aren't limited to:

- The client may improve functioning
- The presenting condition may remain unchanged or worsen or a new problem may develop
- The client may become too dependent on treatment.

Possible effects of not receiving proposed treatment include but are not limited to:

- Symptoms disappearing spontaneously or from other interventions (education, self-help, etc.)
- The presenting condition may remain unchanged, worsen or new problems may develop
- Client may be at risk for injury to self or others.

Alternate treatment modalities include but are not limited to:

- Self-help groups, environmental changes, inpatient services and community resources such as church, social services, criminal justice system and other agencies.

I understand that this consent can be withdrawn from me at any time, and that I am entitled to a copy of this consent at any time.

I additionally consent to communications via (*initial next to communication type*)

_____ Phone Calls

Preferred Phone Number _____ Permission to leave message ___ Yes ___ No

Alternate Phone Number _____ Permission to leave message ___ Yes ___ No

_____ Email

The ability to respond to e-mail communication *initiated by you*. It is not our practice to send e-mails or put you on a list serve. However, if you e-mail us, your permission is required to reply. **Emails are NOT encrypted or secure.**

_____ (e-mail address required, if yes. Please print clearly.)

Signature of Consumer

Date

Signature of Witness

Date

This consent is valid for 15 months from the date of the signature.