

Client Rights and Informed Consent Information

Oregon Mental Health Services, LLC is required to inform you of your rights as a consumer of psychotherapy, per State of Wisconsin Department of Health Services Chapter 35 and HFS 94, Wisconsin Administrative Code. Information about your rights, the clinic grievance procedure and the name and telephone number of the clinic's Client Rights Specialist has been provided to you. Oregon Mental Health Services, LLC provides you with the following general information about the clinic.

ABOUT PSYCHOTHERAPY

The purpose of psychotherapy is to help alleviate the problems and symptoms that you present for the focus of psychotherapy. Psychotherapy is conducted in sessions between you and your therapist talking about the problems presented. Psychotherapy may be conducted individually, with family or in a group.

When you initially meet with a therapist, a comprehensive assessment will be completed to determine your therapy needs, your strengths, and the resources that you bring to the change process. Your psychotherapist will discuss the results of the assessment, and you and your psychotherapist will develop a treatment plan, which will include approximate duration of treatment, how treatment will be conducted and the desired outcomes. Your therapist will discuss alternative treatment modes with you and assist in making referrals when appropriate and necessary.

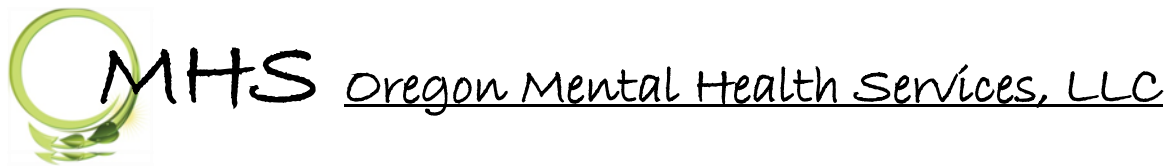
CONFIDENTIALITY OF TREATMENT

The content of all sessions, telephone contacts, and authorized contact with others will be held confidential and cannot be disclosed outside of Oregon Mental Health Services, LLC without your consent. All contacts made about you outside of the clinic will occur after an authorization for release of information is signed, or with verbal approval, if a signature cannot be obtained to allow for timely release of information. As a Wisconsin certified outpatient mental health clinic, clinical records are subject to review by state certification personnel and your clinical record may be reviewed as part of the state audit which occurs every other year.

OMHS works with many families in which multiple family members are being seen by OMHS clinicians. As part of OMHS procedure as a state certified outpatient mental health clinic, we employ the process of clinical collaboration to maintain high quality services and to improve our ability to view and treat our clients in a systemic way. Your presenting problem and on-going care will be discussed with OMHS clinical staff while you are in treatment as part of our customary procedures for all clients of the clinic. Client information is also shared with Oregon Mental Health Services, LLC staff to ensure emergency services are readily available to you.

Your identity and confidential information may be disclosed without your consent if it is determined that you present a risk to yourself or others. OMHS, LLC staff are mandatory reporters under Wisconsin statutes and confidential information may be disclosed if there is reason to believe a consumer is at risk of harm to themselves or another person. The safety of consumers and staff will dictate whether confidential information is disclosed without consent of the consumer.

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608-835-5050 608-835-5010 FAX
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FEES FOR PSYCHOTHERAPY

Fees for psychotherapy will be discussed with you and a fee agreement will be developed defining your financial responsibility for the care you receive. The fee agreement will be updated annually and when there are changes in reimbursement or coverage by a third party, or changes in your personal responsibility for treatment. You will receive a copy of OMHS Payment Policy when you begin treatment.

GRIEVANCE PROCEDURE

Our mission is to provide psychotherapy in a safe, confidential, professional manner. To assure client safety and the highest quality of care, OMHS, LLC has a grievance procedure which your therapist will discuss with you. You will also be given a brochure outlining the clinic grievance procedure and the options available to you to file a grievance with the state of Wisconsin if you believe your rights as a consumer of mental health care have not been respected. If you have any questions or wish to discuss concerns you have as client of OMHS, please contact Mary Sella, Director.

EMERGENCY AFTER HOURS COVERAGE

If you experience a medical emergency, dial 911 for help.

OMHS, LLC maintains an emergency number to be used for clinic clients who are experiencing a mental health emergency. During hours the clinic is open, please contact our office and you will be connected to your therapist or another staff member who will assist you. After office hours, please call **608-719-8515** and leave a message if the therapist is not immediately available to take your call. This number is also available on the clinic telephone messages.

SAFE ENVIRONMENT AND COMMUNICATION

OMHS, LLC maintains a policy for the involuntary discharge of consumers who present a safety risk or do not comply with treatment. This policy will be given to you at the time of admission for treatment.

To better facilitate communication between you and clinic staff, you may agree to send and receive email. OMHS has developed information for you to consider if you agree to email or other electronic communication and requires your consent to send you email.