

Nye Psychotherapy, LLC

Consent to Treatment

Any person believing his/her rights, as specified herein to have been violated, may contact the appropriate member

Informed Consent

1. I hereby request and consent to outpatient treatment by Nye Psychotherapy LLC (NP).
2. Benefits of proposed treatment: during my involvement in outpatient treatment at NP, I will receive an evaluation which my presenting problems will be addressed and I will learn ways to help alleviate them. I understand that the therapist will outline recommendations, which she will conclude are medically necessary and/or potentially beneficial to my mental health.
3. In the event of the administration to me of any psychotropic medications as part of my outpatient treatment, I will be informed of any possible side effects or risks.
4. NP is part of a treatment system for outpatient mental health, which includes referral for inpatient care as necessary. I understand that other treatment facilities of similar nature are available in the greater Milwaukee area offering both inpatient and outpatient treatment and that I can be referred or can seek a second opinion from an outside referral source if necessary.
5. I hereby acknowledge that I am voluntarily seeking outpatient mental health treatment and I understand that certain mental illnesses left untreated may be harmful to one's physical, social, vocational, legal and psychological health.
6. This informed consent will be valid until such time that my treatment provider or I terminate treatment and, in any event, will be valid for a maximum of one year. I have the right to withdraw this informed consent at any time during treatment if the request is made in writing. If I am a minor 14 years of age or older, I understand that I have the right to refuse to sign the informed consent.
7. I have been given adequate time to study and ask questions prior to signing the informed consent.

Grievance Policy & Procedure

If at any time during treatment through NP you believe that your rights have been violated, you have the right to a grievance procedure. You may file a complaint with the client rights specialist in writing within 45 days of the incident or issue. If you are not satisfied with the way your appeal is handled, you may file a complaint with the clinic director. If in the unlikely event you may need further resolution of your complaint, you have the right to notify the following resources:

State of Wisconsin Department of Health and Social Services
1 West Wilson St
Madison, WI 53701

Office of the Commissioner of Insurance
121 East Wilson
Madison, WI 53703

Statement of Patient Care & Rights

1. The Right to individual dignity
2. The Right to equal treatment
3. The Right to individual treatment
4. The Right to protection of privacy and confidentiality

5. The Right to informed patient consent
6. The Right to informed patient consent regarding medications
7. The Right to refuse participation
8. The right to request the opinion of a consultant
9. The Right to information regarding patient billing
10. The Right to a grievance procedure
11. The Right to be fully informed of all patient rights

I have read and understand all the above information provided to me.

Patient Signature (Adult or Adolescent 14 years or older)

Date

Parent/Guardian Signature

Date