



Client Name:
DOB:

CONSENT TO TREATMENT FORM

This form is available in alternative formats including large print, Spanish and oral presentation.

Welcome to Yamhill County Health and Human Services! We want you to be aware of your rights throughout the treatment process and how to resolve any issues if they arise. Before we move forward in the treatment process, we want you to have the opportunity to make an informed decision about doing so. The term “informed decision” means making a decision based on information that you have regarding different options. This form provides some possible risks and benefits of behavioral health services so that you are able to make an informed decision about moving forward with services. By signing this form, you are agreeing (or consenting) to treatment based on some basic information about our services.

Services that may be provided:

- Case Management
- Groups
- Skills Training
- Therapy
- Supported Employment/Education
- Peer Support
- Medication Management

Possible benefits of receiving services:

- You may experience improvement in your mental health and/or substance use symptoms over time.
- You may gain, or improve, skills for managing any symptoms you may be experiencing.
- You may achieve outcomes that you desire, such as improving your social life, family relationships, or your functioning in schoolwork, or any other areas of your life.

Risks of receiving services:

- May not achieve the outcomes you are hoping for.
- Mental health symptoms and substance use may increase temporarily at the beginning of treatment.
- If prescribed any medication, you may experience uncomfortable side effects.
- You may not connect well with your clinician. We recommend at least four meetings together to decide if it is a good fit.

Please review and initial that:

- I _____ have the right to refuse to sign this consent. If I refuse to sign this consent, or I revoke it in the future, YCHHS will not provide any treatment to me. Exceptions to this include certain types of emergencies or as required by law.
- I _____ understand that this consent is in effect until I revoke it.
- I _____ opt-in for telehealth/telemedicine services. These methods meet HIPAA privacy, 42 CFR Part 2, and security standards.

I hereby give my informed consent to engage in treatment at Yamhill County Health and Human Services.

Signature of Individual/legal guardian:

Date:

Relationship to client:

Legal Guardian Documentation on File