



CLIENT INFORMED CONSENT FOR SERVICES

- Acknowledgment of Information Provided -

**Please Review
and Initial Below**

_____ “Informed Consent for Services” means that the service options, risks, and benefits have been explained to the individual and guardian, if applicable, in a manner that they comprehend, and the individual and guardian have consented to the services on or prior to the first date of service.

_____ By signing below, I hereby consent to receive the services available to me and acknowledge I have received a copy of my Rights and Responsibilities as a client of Coos Health & Wellness.

_____ By signing below, I hereby acknowledge I may request to receive a copy of the Coos Health & Wellness Fee Chart and my assigned fee information. I understand I will be charged my assigned fee for each service if my insurance or assistance benefit does not cover the full cost of the service. I understand that in addition to office or home visits, my assigned fee will be charged for telephone calls when therapeutic issues are discussed, and consultations with other professionals, agencies and family members. I understand that payment is due at the time of each service if my insurance or assistance benefit does not cover the services.

_____ FOR ADULT CLIENTS: By signing below, I hereby acknowledge I have been provided with an opportunity to complete both a Declaration for Mental Health Treatment and Advance Directive for Health Care. The Declaration for Mental Health Treatment, if filled out and signed, would direct Mental Health Care if I were mentally incapacitated. The Advance Directive would provide information regarding the type of care I want for physical health problems if I am unable to speak for myself.

_____ I hereby acknowledge:

I received a copy of the CHW Complaint / Feedback Form YES NO

I have been provided an opportunity to complete Voter Registration YES NO

Client Name (please print)

Date of Birth

Signature of Client (or Personal Representative)

Date of Signature