Lakeview Behavioral Health
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Consent & Authorization for Treatment

1. Purpose

This document serves as informed consent for participation in Mental Health, Medication Management, Substance Use Disorder, or Adult Rehabilitative Mental Health Services (ARMHS) at Lakeview Behavioral Health. By signing this consent, you acknowledge that you have been informed of the nature of treatment, potential risks and benefits, and your rights as a client.

2. Nature of Treatment

Treatment may include, but is not limited to:

- Comprehensive assessment and diagnosis
- Individual, group, and family therapy
- Medication-assisted treatment (MAT) (if applicable)
- Psychiatric evaluations and medication management
- Behavioral therapy, relapse prevention, and coping strategies
- Case management and support services
- Peer support and recovery coaching
- Coordination with primary care providers

3. Risks and Benefits

- **Benefits:** Treatment can help reduce symptoms, improve quality of life, and support recovery. Services aim to enhance emotional, psychological, and social well-being.
- **Risks:** There may be emotional discomfort, recall of distressing memories, or temporary increases in symptoms. Medication may have side effects, which will be discussed with you. Progress varies, and treatment outcomes cannot be guaranteed.

4. Confidentiality & Privacy

Your treatment is confidential under federal law (42 CFR Part 2) and the Health Insurance Portability and Accountability Act (HIPAA). Information will not be disclosed without your written consent, except in the following cases:

- If there is a threat to your safety or others' safety
- Suspected child abuse, elder abuse, or abuse of a vulnerable adult
- Court orders or legal mandates
- Medical emergencies

5. Voluntary Participation & Right to Withdraw

Participation in treatment is voluntary. You have the right to refuse or discontinue treatment at any time. However, withdrawing from services may impact your treatment progress and eligibility for certain programs.

6. Emergency Situations

If you experience a crisis or emergency, you agree to contact emergency services (911), the National Suicide Hotline (988) or visit the nearest emergency room.

7. Telehealth Services (If Applicable)

Telehealth sessions may be offered as part of your treatment. You understand that:

- Confidentiality and privacy protections apply to telehealth sessions.
- There are risks related to technology failures.
- You must be in a private location during sessions to ensure confidentiality.

8. Financial Responsibility

You are responsible for any costs not covered by insurance. Fees, payment options, and insurance billing procedures have been explained to you.

9. Client Rights & Responsibilities

You have the right to:

- Be treated with dignity and respect
- Receive culturally competent and non-discriminatory care
- Participate in treatment decisions
- Request copies of your treatment records (subject to legal limitations)
- File a grievance if dissatisfied with care

You are responsible for:

- Attending scheduled sessions and actively participating in treatment
- Following prescribed treatment plans
- Informing your provider of any changes in your condition

10. Consent & Acknowledgment

By signing below, I acknowledge that:

- I have read and understood this consent form.
- I have had the opportunity to ask questions.
- I voluntarily consent to receive treatment at Lakeview Behavioral Health.

Client Name: _____ Date of Birth: _____ / _____ / _____

Signature of Patient/Legal Representative: _____

Relationship to Client: _____ Date: _____ / _____ / _____