



Arbor Mental Health Center Outpatient Consent and Acknowledgement

I, _____, hereby acknowledge that I have received and have been given an opportunity to read a copy of Arbor Mental Health Center's statement of client rights, limits of confidentiality, late arrival/no show/cancellation policy, privacy policy, and grievance process. This certifies that I give Arbor Mental Health Center permission to provide evaluation, psychotherapy treatment, and/ or neuropsychological testing to myself. I understand that I am expected to benefit from treatment, but there are no guarantees. Maximum benefits will occur with regular attendance, but I understand that I may feel temporarily worse while in treatment. I understand that if I have any questions regarding the notice or my privacy rights, I can contact Arbor Mental Health Center's Chief of Operations or speak directly with my provider during a scheduled time.

Benefits or expected outcome of proposed treatment include but are not limited to:

- Improvement of presenting condition or symptoms - Improved ability to cope with developing life demands - Improved communication skills

Possible effects of receiving treatment include but are not limited to:

- The client may improve functioning
- The presenting condition may remain unchanged or worsen or a new problem may develop
- The client may become too dependent on treatment

Possible effects of not receiving proposed treatment include but are not limited to:

- Symptoms disappearing spontaneously or from other interventions (education, self-help, etc.)
- The presenting condition may remain unchanged, worsen or new problems may develop
- Client may be at risk for injury to self or others

Alternate treatment modalities include but are not limited to:

- Self-help groups, environmental changes, inpatient services and community resources such as church, social services, criminal justice system and other agencies

I understand that this consent can be withdrawn from me at any time, and that I am entitled to a copy of this consent at any time.

I additionally consent to communications via (*initial next to communication type*)

_____ Phone Calls - Preferred Phone Number _____

***Permission to leave message/text ___ Yes ___ No

_____ Alternate Phone Number _____

***Permission to leave message/text ___ Yes ___ No

_____ Email

The ability to respond to e-mail communication **initiated by you**. It is not our practice to send emails or put you on a list server. However, if you e-mail us, your permission is required to reply. **Emails are NOT encrypted or secure.**

_____(if "yes", email address is required. Please print clearly.)

Signature of Consumer

Date

Signature of Witness

Date

This consent is valid for 12 months from the date of the signature