

McLaren Bariatric & Metabolic Institute
Recipient Rights—Consent to Treatment—Client Confidentiality—Agreement for Admission

I understand that I have rights as a recipient of service, including confidentiality of my records.

I consent to mental health treatment and/or substance abuse treatment as recommended by my therapist. I understand I will participate in the development of my treatment plan and that I am free to withdraw my consent and discontinue treatment at any time.

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser.

If communication with family, employer, legal services, etc., is expected, a release of information is required. No information regarding your treatment is ever given without your written permission, except when state law requires disclosure or in life-threatening emergencies.

No physical violence, verbal abuse, carrying a weapon, or engaging in illegal acts is allowed on the premises. Persons who are violent while at the clinic may be subject to prosecution for assault or other criminal charges and may be terminated from the program.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program, as well as about any threat to commit such a crime.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law and appropriate State or local authorities.

Regular appointments will be scheduled, and at least 24 hours notice is expected when appointments cannot be kept. If cancellation notice is not received prior to the scheduled appointment, a \$45.00 fee may be charged at the discretion of the psychologist. Failure to attend scheduled sessions may result in termination from the program.

I have read this agreement. I had the opportunity to ask questions which have been answered to my satisfaction. I understand and agree to the conditions specified herein and have been given a copy of this signed agreement.

Client or Legal Guardian Signature

Date

Therapist's Signature

Date

