

MEQUON CLINICAL ASSOCIATES, SC

CONSENT FOR TREATMENT

Thank you for choosing Mequon Clinical Associates to serve your mental health needs. Your counselor is expected to inform you of the benefits and expected outcome of treatment, the recommended treatment modality, as well as alternative options and problems that may arise if you don't receive treatment.

Please review the "Client Bill of Rights" and "Privacy Policy" we have posted in our waiting room. If during the time you receive service at Mequon Clinical Associates you believe your rights have been violated, you have the right to a grievance procedure. You may file a complaint with the Clinical Director.

We encourage you to make suggestions that will improve our services. We hope our explanation of our clinic policies is helpful to you. Please feel free to bring up any concerns you may have with your counselor.

I have read the above information as well as the clinic Financial Policy. I understand that this consent for treatment may be revoked by me at any time by written notice to the Clinic Director and/or my therapist. I further understand that I am responsible for any costs of services incurred prior to the revocation of consent for treatment and that any information released by my consent prior to revocation of consent for treatment cannot be retrieved. I hereby consent to treatment.

Client(s) Signature: _____

Date: _____