



## CONSENT FOR TREATMENT

I am consenting to behavioral health treatment at Compass Health and will participate in treatment planning. I understand that my individual needs will be matched with the appropriate type of care and services.

I understand that I can access crisis response services 24 hours a day, 7 days a week by calling 1-800-584-3578.

I have received and understand the orientation packet material:

- Welcome Packet
- North Sound Behavioral Health Organization Brochure
- Clinician Disclosure Statement
- Advanced Directives for Psychiatric Care
- Prepaid Inpatient Health Plan for American Indians/Alaskan Natives. I have been given information about traditional tribal/cultural treatment options.
- Materials provided in alternate format/language (*office use only*)

Applicable Notices of Privacy Practices are posted and copies are available upon request. The Notice of Privacy Practices explains your rights in accordance with RCW 70.02.050, 71.05.390, 71.05.630, CFR 42 part 2, and the Health Insurance Portability and Accountability Act (HIPAA).

Do any of the following apply to you (or your child, if you are requesting services for your child)? If yes, you are asked to please provide a copy of the document.

- Yes  No Letters of Guardianship
- Yes  No Powers of Attorney
- Yes  No Advanced Directives for Psychiatric Care

Are you:

- Under department of corrections (DOC) supervision?  Yes  No
- Under civil or criminal court ordered mental health or chemical dependency treatment?  Yes  No

If you answered yes to either of the above questions, is there a court order exempting you from reporting requirements?

- Yes  No

If so, a copy of the court order must be included in the record - please provide a copy.

***I have read and agree to the above statements.***

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature / Degree / Specialty

\_\_\_\_\_  
Date

\_\_\_\_\_  
***Client Name/ID/DOB (or affix label)***