

**INYO COUNTY HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION**

CONFIDENTIAL INFORMATION

(Calif. W&I Code S.5328 & Evidence Code S.1014)

CONSENT TO TREAT - ADVISE OF FREE CHOICE & CONFIDENTIALITY

Individual's Name: _____ Date of Birth: _____

I, _____ and/or _____,
*Printed Name of Consumer (If Consumer is a minor or conserved) Printed Name of
Parent/Legal Guardian/Conservator (circle one)*

hereby consent and agree voluntarily to receive services (treatment) from Inyo County Behavioral Health (ICBH), which includes Mental Health (MH) and Alcohol and Other Drug Services (AODS). ICBH works toward providing coordinated and comprehensive services for its consumers. As part of this, ICBH clinical staff utilizes case consultation, combined clinical staffing, and supervision to ensure consumers receive consistent services that best meet individuals' needs. For child/family cases, ICBH is a participating member of the Inyo County Children's Services Council, and as such, participates in joint case reviews with other Council members in an effort to provide best services for children and families. By signing below, I acknowledge and consent to these facts, while specifically agreeing to the following:

- I understand that I (or the minor/conservatee named above), have free choice of providers where I receive services, depending upon availability of providers, and I am not limited to ICBH service providers;
- I understand that I (or the minor/conservatee named above) have the right to terminate services/treatment at any time. I also understand that I have the right to refuse to implement any recommendations, psychological interventions, or any treatment procedure;
- I understand that I (or the minor/conservatee named above) am expected to benefit from services/treatment, but there is no implied or expressed guarantee that will happen;
- If I believe that any patient rights are denied without good cause, there is a Patients' Right's Advocate that I may contact, for which the contact information is available at the ICBH Front Office.
- I understand that I will not be discriminated on the basis of ethnic group, religion, age, sex or disability.

I understand that I have to following beneficiary rights;

- The right to receive information.
- The right to be treated with respect and with due consideration for his/her dignity and privacy;
- Beneficiary rights concerning the confidentiality and integrity of his/her protected health information in accordance with HIPAA;
- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the beneficiary's condition and ability to understand;
- The right to participate in decisions regarding his or her health care, including the right to refuse treatment;

