# Informed Consent for Treatment

**Document ID:** IC001 **Version:** 1.0

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| **Effective Date (office use only):** | | **Review Date (office use only):** | |

## Client Information

**Client Full Name:** _____

**Date of Birth:** _____

**Client ID (office use only):** _____

**Admission Date (office use only):** _____

## Welcome & Mission Statement

Welcome to Heart 2 Heart Unltd LLC. Our mission is to provide high-quality, ethical, person-centered behavioral health services that promote recovery, wellness, personal growth, and improved quality of life. We recognize that every individual possesses unique strengths, values, experiences, and recovery goals. Treatment is provided in a respectful, trauma-informed, culturally responsive, and recovery-oriented environment.

## 1. Purpose of Treatment

Heart 2 Heart Unltd LLC provides outpatient behavioral health services to adults seeking treatment for mental health conditions, substance use disorders, and co-occurring disorders, as clinically appropriate and consistent with applicable laws, regulations, payer requirements, and medical necessity. Treatment is individualized based upon: Comprehensive clinical assessment, medical necessity, individual strengths and needs, client preferences and recovery goals, clinical judgment, and ongoing reassessment throughout treatment. Treatment planning is collaborative. You are encouraged to actively participate in establishing goals and making decisions regarding your care whenever clinically appropriate.

## 2. Services That May Be Provided

Depending upon your individualized treatment plan, services may include, but are not limited to: Comprehensive behavioral health assessments, individual counseling, group counseling, family counseling (when clinically appropriate), psychoeducation, case management, care coordination, crisis intervention, recovery support services, discharge planning, referral to community resources, coordination with medical providers and other healthcare professionals (when authorized), and telehealth services (when available and clinically appropriate). Not every client receives every service.

## 3. Expected Benefits of Treatment

Potential benefits of treatment may include: Improved emotional well-being, improved coping skills, reduction of behavioral health symptoms, increased emotional stability, enhanced recovery from substance use disorders, improved interpersonal relationships, improved daily functioning, increased independence, and improved quality of life. Because every individual responds differently to treatment, Heart 2 Heart Unltd LLC cannot guarantee any specific outcome.

## 4. Possible Risks of Treatment

Behavioral health treatment may involve emotional or psychological discomfort. Possible risks include: Anxiety, sadness, anger, grief, temporary emotional distress, increased awareness of traumatic experiences, changes in relationships, stress associated with lifestyle changes, and emotional discomfort while discussing difficult experiences. Although treatment may be challenging, these experiences often contribute to the therapeutic process.

## 5. Alternatives to Treatment

You have the right to discuss alternatives before consenting to treatment. Alternatives may include: Seeking services from another qualified behavioral health provider, receiving treatment at another level of care, medication evaluation, peer support services, community-based recovery programs, self-help or mutual aid groups, or electing not to receive treatment.

## 6. Voluntary Participation

Except where otherwise required by law or court order, participation in treatment is voluntary. You have the right to participate in treatment planning, ask questions at any time, decline recommended interventions when clinically appropriate, request changes to your treatment plan, request a different provider when feasible, and withdraw from treatment at any time.

## 7. Client Rights

As a client of Heart 2 Heart Unltd LLC, you have the right to: Be treated with dignity, respect, and consideration; receive services without discrimination based on race, color, national origin, ancestry, age, disability, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, veteran status; file grievances without fear of retaliation; and review or request access to your health records as permitted by law.

## 8. Confidentiality Protections

Your health information is protected by applicable federal and California laws, including the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 when applicable to substance use disorder records, and applicable California confidentiality laws. Heart 2 Heart Unltd LLC will not disclose your protected health information without your written authorization except as permitted or required by law.

## 9. Acknowledgment of Understanding

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| Initials | | I have read this document or it has been read to me. |
| Initials | | I understand the information contained in this document. |
| Initials | | I had the opportunity to ask questions. |
| Initials | | My questions were answered to my satisfaction. |
| Initials | | I understand the potential benefits and risks of treatment. |
| Initials | | I understand alternatives to treatment. |
| Initials | | I understand my rights and responsibilities. |
| Initials | | I understand the limits of confidentiality. |
| Initials | | I understand that treatment outcomes cannot be guaranteed. |
| Initials | | I voluntarily consent to receive treatment from Heart 2 Heart Unltd LLC. |

## Client Consent & Signatures

**Client Signature:** _____

**Printed Name:** _____

**Date Signed:** _____

## If Signed by Legally Authorized Representative

**Representative Name:** _____

Relationship to Client: [ ] Parent [ ] Legal Guardian [ ] Healthcare Power of Attorney [ ] Conservator [ ] Other

**If Other, Please Specify Relationship:** _____

**Representative Signature:** _____

**Date Signed:** _____

Staff Certification (Administrative Office Use Only) is maintained separately by Heart 2 Heart staff and is not part of this client-completed form.