



Consent to Treatment Form

As a Yamhill County Health and Human Services (YCHHS) client, you have the following rights and responsibilities,

I understand I have the right to:

- 1) Services that promote recovery and resiliency;
- 2) Services that promote wellness and independence;
- 3) Services that are client directed. Services that are culturally and trauma sensitive;
- 4) Be treated with dignity and respect;
- 5) Have religious freedom;
- 6) Choose services and supports. Services that match the assessment and service plan. Services that are culturally competent and within the community. And services that provide for independence;
- 7) Take part in writing a service plan. Receive a copy of the plan. Have services that match that plan. Be included in reviews and reassessment of services;
- 8) Have family and/or a guardian involved in service planning and services;
- 9) Have service options explained. Have expected outcomes explained. Have possible risks and benefits of treatment explained;
- 10) Medication specific to clinical needs;
- 11) A prior notice of a transfer. Unless the transfer poses a threat to health and safety;
- 12) Be informed of policies, procedures, and fees for services. To have a representative assist with understanding of any information presented;
- 13) Be free from abuse or neglect. To report any incident of abuse or neglect without retaliation;
- 14) Be free from seclusion and restraint. Except as regulated by OAR 309-019-0115(1)(m);
- 15) Refuse participation in experimentation; and
- 16) Exercise all rights set forth in ORS 109.610 through 109.697 if a child. Or ORS 426.385 if committed to the Oregon Health Authority. To exercise those rights without retaliation.
- 17) Refer to the Member's Handbook if my insurance is Yamhill Community Care (YCC); and
- 18) Ask for a no cost second opinion by another provider.

I understand I have the responsibility to:

- 19) Seek to solve problems. To help develop and follow the service plan. To review and gauge progress towards treatment goals. Make changes with treatment team when needed;
- 20) Schedule and keep appointments. To cancel an appointment with 24 hours' notice;
- 21) Take medications as prescribed. Notify YCHHS of changes in outside prescriptions;
- 22) Seek help for medical, mental health, and/or substance use issues. They may interfere with treatment being provided;
- 23) Pay any fees at the time of service; and
- 24) Make sure my children are not left alone in the waiting areas.

Mandatory Abuse Reporting: YCHHS employees are required by law to report suspected abuse or neglect. This may include release of protected health information.

Please review and initial that:

I _____, have the right to refuse to sign this consent. YCHHS will not provide any treatment to me. Exceptions would be certain emergencies or as required by law.

I _____, received the *Yamhill County HHS Complaint Process and Complaint Form*. I will let YCHHS staff know if I need help filing a complaint or have questions.

I _____, have been given the *Yamhill County HHS Notice of Privacy Practices*.

I _____, understand that this consent is in effect until I revoke it.

I _____, opt-in for telehealth/telemedicine services. These methods meet HIPAA privacy, 42 CFR Part 2, and security standards.

I _____, have been offered written information about *Declaration for Mental Health Treatment*.

I _____, have been offered a chance to register to vote.

I hereby give my informed consent to treatment at Yamhill County Health and Human Services.

CLIENT or PARENT/GUARDIAN SIGNATURE

DATE

Distribution Copy to: Client Client File Manager