PHOENIX
Behavioral Health Services LLC
3120 Memorial Drive Two Rivers, WI 54241
Phone (920) 657-1780 Fax (920) 657-1784 www.phoenixbhc.com

Client Informed Consent & Acknowledgement of Clinic Policies and Procedures

This is to acknowledge that I have been provided with and understand the following information.

1. The general nature and purpose for outpatient treatment services & the services available through the clinic, including benefits, administration, and side effects of treatment.
2. Client responsibilities relating to treatment.
3. Alternatives to treatment modes.
4. Consequences of not receiving proposed treatment.
5. "Bill of Client Rights"
6. Clinic hours & treatment costs.
7. How to access emergency services.
8. Client rights and grievance procedure.
9. Criteria for discharge from treatment.
10. 24 hours advance notice for cancellation of an appointment.
11. My rights to request consultation with consulting psychiatrist or psychologist.
12. Confidentiality of client information.

I consent to the treatment plan as described by my Therapist until such time as I terminate treatment with Phoenix Behavioral Health Services, LLC. or 15 months from the date signed. I understand that I may withdraw informed consent for treatment at any time by submitting such a request in writing to my Treatment Therapist____ initial

HIPAA NOTICE OF PRIVACY PRACTICES:

I acknowledge receipt of the HIPAA Notice of Privacy Practices for Phoenix Behavioral Health Services, LLC. Questions or Concerns about privacy rights, Phoenix Behavioral Health Service's privacy-related policies or the information contained in this notice, contact Chief Privacy Officer of Phoenix Behavioral Health Services at 3120 Memorial Drive, Two Rivers, WI 54241, 920-657-1780 or at info@phoenixbhc.com

I have declined a paper copy of HIPAA Practices _____ initial or
I have received a paper copy of HIPAA Practices _____ initial

CONSENT TO CONTACT:

I give my express permission to Phoenix Behavioral Health Services, LLC and its Affiliates or contractors to contact me for any purpose at the current or any future numbers that are provided for landline telephone, cellular telephone or any wireless device including the use of automated dialing equipment, prerecorded voice or text messages.
I have agreed to be contacted by employees of Phoenix BHS _____ initial

Client Name (printed)_____

Client or Legal Representative Signature_____ Date_____

Clients may request a copy of this consent form if they wish to have one for their records.