

Consent for Treatment

When you seek treatment at New Oakland, you have the right to the information you need to provide your well-informed consent to treatment for yourself (or, if you are the parent or guardian of a child), your child. This includes the right to have the treatments and programs you will be participating in explained to you. It also includes your acknowledgement that progress and success in these programs depend on your active, positive participation. As part of the information you have received from us when you first sought treatment, you should be able to agree with the following statement:

1. “I understand **protected health information may be used and disclosed to carry out treatment, payment and health care operations.**”
2. “**My consent to treatment may be revoked in writing at any time**, except to the extent that the provider has taken action in reliance on it.”
3. “**I have the right to request that New Oakland restrict how protected health information is used or disclosed.**”
4. “**I have a right to inspect and obtain a copy of protected health information** and amend the record as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA).”
5. “**I understand information is considered confidential and my right to privacy shall be respected** by New Oakland’s staff within legal limits.”
6. “**I understand I have the right to be informed of procedures and applied medications which may be used in the course of treatment**; the treatment effects/side effects of prescribed medication will be reviewed and discussed with the client by the physician.”
7. “**A treatment plan will be developed and I will be asked to participate in that process.**”
8. “**Promises and/or guarantees cannot be offered regarding the outcome of treatment.**”
9. “**I understand that I may request a change of therapist** during my treatment.”
10. “Deciding to end treatment is ideally an agreement between my therapist and me. However, **I understand I have the freedom to discontinue treatment at any time.**”
11. “I understand that **if I am the recipient of substance abuse services, I have certain specific rights** as outlined in the background materials I have received. The confidentiality of alcohol and drug abuse client records are protected by Federal law, rules and regulations and that I can get more information from the clinic.”
12. “I understand that **treatment may include utilization of medication** such as tranquilizers, anti-depressants, stimulants, medication for sleep aid and medications necessary to counter act the side effects of prescribed medications as indicated.”
13. “**I understand the nature and purpose of treatment, possible alternative methods of treatment, the risks involved and the possibility of complications.**”
14. “I understand I have the **right to file a complaint/grievance at any time** and can do this informally by discussing my concerns with any staff member or formally (in writing) using the complaint/grievance forms made available in designated areas. If for any reason, I am not satisfied with the resolution, I have **the right to appeal the decision** by contacting the Director of Quality and Compliance who will investigate the matter at an administrative level.”