

Stockbridge Munsee Health and Wellness Center
Behavioral Health Department
PO Box 86
Bowler, WI 54416
PH: 715-793-3000 Fax: 715-793-1312

Consent for Child Admission for Mental Health/Substance Abuse Evaluation and/or Treatment

Client Name: _____ Date of Birth: _____

For minors (14 and older) who are mental health services clients, consent is required from both the client and a parent/guardian (or a mental health review officer). Emergency outpatient mental health services may be provided for up to 30 days without first obtaining parental consent in some circumstances.

For minors who are substance use services clients, the client may provide consent without parental consent if the client is 12 or older unless the treatment involves surgical treatment, administration of controlled substances (other than to detoxify the minor), inpatient treatment, or a period of detoxification that extends beyond 72 hours. Additionally, parents/guardians can consent to substance use testing, assessment, and a course of treatment for substance abuse for a minor without the express consent of the minor.

1. **Consent to Evaluate and/or Treat:** I voluntarily consent on my own behalf and/or on behalf of my child, if applicable, to the client's participation in a mental health and/or substance use evaluation and/or treatment by staff from Stockbridge-Munsee Health & Wellness Center (SMHWC) Behavioral Health Department. I/We understand that following the evaluation and/or treatment, complete and accurate information will be provided concerning each of the following areas:
 - A. The benefits of the proposed treatment and possible side effects from addressing or treating and/or the side effects of medications when applicable.
 - B. Alternative treatment modes and services
 - C. The manner in which treatment will be administered
 - D. Probable consequences of not receiving treatment
 - E. Level of Care Required

The Assessment/Evaluation/Treatment will be conducted by a licensed therapist, psychotherapist, psychologist, nurse practitioner, psychiatrist or an individual supervised by any of the above listed professionals. Treatment will be conducted within the boundaries of Wisconsin Law for Psychological, Psychiatrist, Nursing, Social Work, Professional Counseling, or Marriage and Family counseling.

2. **Benefits to Evaluation/Treatment:** Evaluation and treatment may be administered with Psychological interviews, Psychological Assessments or Testing, Psychotherapy, medication management, as well as expectations regarding the length and frequency of Treatment. It may be beneficial to the client as well as the referring professional to understand the nature and cause of any difficulties the client may have in daily

functioning, so that appropriate recommendations and treatment may be offered. Uses of this evaluation include diagnosis, evaluation of recovery or treatment, estimating prognosis/goals, education, and rehabilitation and/or treatment planning. Possible positive/negatives to treatment include improved cognitive, academic, performance/functioning, health status, quality of life, and awareness of strengths, limitations, and possible decompensations before improvement are possible.

3. **Charges:** Fees are based on the length or type of evaluation or treatment, which are determined by the nature of services. I/We understand that I/We will be responsible for any charges not covered by insurance, Indian Health Services (IHS) if applicable, including co-payments and deductibles. Fees are as follows:

90791 Diagnostic Eval – \$341.00
90832 Psychotherapy 30 min – \$172.00
90834 Psychotherapy 45 min – \$242.00
90837 Psychotherapy 60 min – \$270.00
90833 Psychotherapy Patient not present – \$205.00
90846 Family Therapy patient not present –\$335.00
90847 Family Therapy patient present – \$341.00
96130 Psychological testing –\$506.00
96131 Psychological testing, additional time –\$447.00

80307 Urine Drug Screening Costs = \$350.00
99000 Drug Screen Handling Fee: \$60.00

4. **Confidentiality, Harm, and Inquiry:** Information from the client's evaluation and/or treatment is contained in a confidential record at the Stockbridge-Munsee Health & Wellness Center Behavioral Health Department, and I consent to disclosure for use by SMHWC Behavioral Health Staff and Clinical Supervision team for the purpose of continuity of care for the client as well as SMHWC treatment, payment, and operations in accordance with its Notice of Privacy Practices. I/We understand applicable law contain the following exceptions to the normal confidentiality requirements:

- A. If the client is deemed to present a danger to self or others;
- B. If concerns about possible abuse or neglect arise; or
- C. If a court order is issued or for obtained records.

In addition, for clients receiving mental health services (14 or older), a summary of the client's records may be released to the client's parents only if the parent is directly involved in the care. For clients receiving substance use treatment (12 or older), records will only be released to the client's parent/guardian with the client's consent.

5. **Complaints/Grievances:** All clients have the right to ask questions about their treatment and file a complaint if dissatisfied with the services received. The Stockbridge-Munsee Health & Wellness Center Behavioral Health Department shall provide the client and/or parent/guardian with a copy of the Rights of Children and Adolescents in Outpatient Mental Health Treatment pamphlet. The SMHWC also has an internal process for

grievances. At any time, a client may request to view the department's policies and procedures on grievances and operations.

6. **Hours of Operation and After-Hours Assistance:** Our normal office hours are Monday through Fridays, 8:00 am – 4:30 pm. In the event of an emergency, please call our office during working hours. After office hours or on weekends and holidays, you may call one of the following numbers:
 - Shawano County Community Programs- Crisis Line **715-526-3240** or **1-888-238-3253**
 - Shawano County Sherriff Department **715-526-3111**
 - Emergency **911**

7. **Discharge Policy:** The SMHWC may discontinue services and/or discharge the client if the client:
 - A. Voluntarily withdraws from counseling
 - B. No longer meet criteria for level of care
 - C. All treatment goals have been met
 - D. Fails to demonstrate an interest in actively pursuing treatment goals, for example, missing appointments.
 - E. Has no activity within a 60-day period unless prior arrangements have been made to keep your chart open.
 - F. Has a delinquent patient account and/or inability to pay
 - G. If the client has 3 no shows or late cancellations within a 3-month period, they may be discharged from services for 3 months.
 - H. As a result of the client's behavior, as it reasonably relates to client's diagnostic symptoms and upon recommendation of the client's therapist

8. **Right to Withdrawal Consent:** I/We have a right to withdrawal consent for evaluation and/or treatment of the client at any time by providing written request to the treating clinician. For mental health services for a client 14 or older, consent may be provided by a mental health review officer instead of either the client or a parent in the event consent is withdrawn. For minors receiving substance use treatment, services may still be provided when there is parental consent even if the minor withdraws consent.

9. **Expiration of Consent:** This consent to treat will expire in 12 months from the date of signature, or once child/minor becomes 18 years of age or unless otherwise specified by law for certain guardianships.

I/We have read and understand the above rights, have had an opportunity to ask questions about information, and consent to an evaluation and treatment of my child/minor. If signing on behalf of a minor, I attest that I am the parent or legal guardian and have the right to consent for treatment of my child/minor. I understand that I or my child/minor have the right to ask questions of the client's provider about the above information at any time and also have the right to a grievance process to address when I feel, or the client feels these rights may have been violated.

Substance Use Treatment:

Urine/breath drug screening may be recommended or required in order for your therapist to have a good understanding of the client's current substance use condition and to make an accurate diagnosis. There may be cases where treatment may not be recommended without a drug screen. Submitting to a drug screen may incur costs as defined previously in this document. Release of drug screen results to a court, attorney or probation agent may result in legal actions that Stockbridge-Munsee Behavioral Health cannot anticipate. Release of drug screen results may be restricted on your release of information document which the therapist will go over with you.

I have read, understand and give consent to drug screening of my child.

I do not consent to drug screening of my child.

Client Signature, if applicable

Date

Parent/Guardian Signature, if applicable

Date

Signature of Witness/Staff/Provider

Date