Consent for Treatment

I understand that as a patient of Recovery Ways Idaho (RWI), that I am entitled to the services offered for behavioral health treatment. I grant permission to the RWI provider to evaluate and treat me for these matters and/or provide education. I understand my provider reports to the clinical director and/or executive director. I understand that I have the right to refuse any or all parts of the recommendations for my treatment except ***emergency*** treatment designed to protect the health and safety of others and myself. In case of emergency, I authorize Recovery Ways Idaho to provide necessary services for my care and wellbeing.

I understand that as a patient, a medical file will be developed for my treatment and remain in this office. I understand that RWI will attempt to bill my insurance and I will be responsible for payment of services. I understand that I can be discharged from the program/treatment if deemed therapeutic by my provider. I understand that I can choose to terminate treatment services at any time. With my written consent, I understand that my provider can and shall coordinate care and/or make treatment referrals outside of the RWI agency for the sole purpose of my care. I also understand that I have the right to be informed as to the nature of my treatment plan, the reasonable risks and benefits of the recommended treatment, and alternative treatment that may be available and appropriate.

Patient Rights

As a patient of RWI, you have the right to the following: 1. Be informed of your rights verbally and in writing. 2. Give informed consent acknowledging your permission for us to provide treatment. 3. Receive prompt and adequate treatment and refuse treatment that you do not want. 4. Receive written information about fees, payment methods, co-payments, length and duration of treatment. 5. Be free from unnecessary or excessive medications; to receive clear information pertaining to any recommended medication, its possible health benefits, side effects, and alternative medications. 6. Be provided with a safe environment, free from physical, sexual and emotional abuse. 7. Receive complete and accurate information about your treatment plans, goals, methods, potential risks and benefits of your progress. 8. Receive information about the professional capabilities and limitations of any providers(s) involved in your treatment. 9. Be free from audio or video recording without informed consent. 10. Have the confidentiality of your treatment and treatment records protected. Information regarding your treatment will not be disclosed to any person or agency without your written permission except under your circumstances where the law requires such information to be disclosed. You have the right to know the limits of confidentiality and the situations in which the provider/agency is legally required. 11. File a grievance if your rights have been denied or limited. You can initiate a complaint either verbally or in writing to the clinical director.

No Show Policy

Recovery Ways Idaho requires 24 hour notice to cancel appointments without risk of service discontinuation. If you Late Cancel or No Show more than 3 appointments within 6 months you may be discharged from services.

Crisis Policy

If you are experiencing a mental health crisis please call or text 988 or go to your nearest emergency department.

Patient Name Printed_____

Date:_____

Patient Name Signature_____

Date:_____