

Consent for Treatment

I have chosen to receive mental health services in the form of psychiatric treatment for myself and/or my child from Calamity Rose Ranch. My decision is voluntary and I understand that I may terminate these services at any time, unless my participation has been mandated by a court of law.

Nature of Mental Health Services

I understand that during the course of treatment I may need to discuss material of any upsetting nature in order to resolve my problems. I also understand it cannot be guaranteed that I will feel better after completion of treatment.

Compliance with treatment plan

I agree to participate in the development of an individualized treatment plan. I understand that consistent attendance is essential to the success of my treatment. Frequent "no shows" and/or late cancellations may be grounds for termination of services, as well as failure to follow my treatment plan in any form. If you do not cancel within 24 hours of your appointment you will still be charged the full appointment cost to the card on file.

Supervision

I understand there are certain circumstances which may require Calamity Rose Ranch provider(s) to receive supervision or outside consultation. These circumstances include, but are not limited to the following:

State licensure regulations may require me or service provider to receive ongoing supervision accreditation organizations, as well as insurance companies, may require that my treatment plan be reviewed. The standards of care which guide most mental health professional recommend that supervision and/or consultation be obtained in high risk situations such as threats and/or acts of harm to self or others. Other special circumstances, such as preparation to testify in court I am working as an independent provider but have built mentorships in the nurse practitioner communities. Information may be used in difficult cases for outside assistance with only pertinent information.

Emergencies

I understand that the fastest way to reach my provider is within the patient portal as she is often with clients but can see notifications in appointments. I understand I can self schedule on the website for the most accurate information on available appointments. I understand I may reach my provider at 563-261-4434. If not available, I can leave a message and my call will be returned as soon as possible. If I have a life threatening emergency situation, I may call 911 or go to the nearest emergency room. I may also call the Eastern Iowa Crisis System at 1-844-430-0375 or the suicide hot-line at 1-800-273-8255.

Client Rights

The right to be treated with dignity and respect by all staff

The right to be involved in the planning and/or revision of my treatment plan

The right to know about my treatment progress or lack thereof

The right to reject the use of any therapeutic technique, and to ask questions at any time about the methods used

The right to be spoken to in a language that is fully understood

The right to a clean and safe environment The right to refuse to be video taped, audio recorded, or photographed

The right to end treatment at any time unless court ordered

The right to file a complaint or grievance about the agency or staff

The right to confidentiality of clinical records and personal information according to federal and state laws

Consent to text

Consent to Receive Text Message Appointment Reminders By signing below, I authorize Calamity Rose Ranch and its affiliates to contact me by automated SMS text message and or email for appointment reminders at the mobile number and email provided to the patient portal. I understand that message/data rates may apply to messages sent by Calamity Rose Ranch or its affiliates under my cell phone plan.

I know that I am under no obligation to authorize Calamity Rose Ranch or its affiliates to send me text messages. I may opt-out of receiving these communications at any time by calling the office at 563-261-4434, or by emailing office@calamityroseranch.com. Please allow 2-3 business days for processing.

I understand that text messaging is not a secure format of communication. There is some risk that individually identifiable health information or other sensitive or confidential information contained in such text may be misdirected, disclosed to or intercepted by unauthorized third parties. Information included in text messages may include your first name, date/time of appointments, name of provider, and provider phone number, or other pertinent information. By signing below, I indicate I am the primary user for the mobile phone number listed on the patient portal, I accept the risk explained above and consent to receive text messages via automated technology from Calamity Rose Ranch and its affiliates to the phone number that I have provided.

Signature: _____