



MIDWEST CENTER FOR PSYCHOTHERAPY & SEX THERAPY

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CLIENT RIGHTS AND INFORMED CONSENT

Client name: _____

Consistent with HFS 94, Wisconsin Administrative Code, Midwest Center for Psychotherapy and Sex Therapy wants you to be aware of your rights as a client and ask for your informed consent to receive treatment. You have also been given information about rights to privacy. Our grievance procedure is available on request.

The following are general points of information about the therapy process:

- The purpose of therapy is to help alleviate the problems and symptoms with which you present.
- During therapy you and your therapist will discuss the problems you have identified.
- Any potential side effects from therapy will be discussed with you.
- Your therapist will suggest alternative treatment modes and assist in referrals when appropriate and necessary.
- The possible consequences of not receiving therapy or of prematurely ending therapy can be discussed.
- The content of all sessions will be held confidential and can be disclosed outside the clinic only with your signed approval unless a specific statutory exception applies or a duty to warn exists. On occasion your therapist may consult with other therapists within the clinic.
- If you are being seen as part of a couple or family, there is the possibility that information from the chart will not be released unless all adult members sign the appropriate release forms.
- Your signature below indicates that you are giving consent to participate in therapy sessions and that you understand your rights.
- This consent will be valid for 15 months. You have the right to withdraw informed consent at any time. The request must be in writing.
- Midwest Center for Psychotherapy and Sex Therapy maintains the right to involuntarily discharge a client from therapy under the Involuntary Termination Policy.
- During health crisis's therapy is available via Telehealth; Telehealth refers to providing therapy services remotely using telecommunications technologies.
- Privacy is limited with the use of Telehealth therapy technology. All provider(s) will take required measures to ensure privacy but there is potential for other people to overhear sessions if you are not in a private place during the session.
- High levels of intervention may not be suitable for telehealth and require in person services.

I have read the above information and have been notified of my rights and the grievance procedure available to me. I hereby give my informed consent to receive treatment.

*Signing or typing your name here constitutes as a signature

Client Signature _____ Date _____

Guardian* (where applicable) _____ Date _____

*Signing or typing your name here constitutes as a signature

Print guardian name _____

*Guardian means the parent, or legal custodian of a minor client and /or any person authorized by the client (this authorization must be in writing, witnessed and dated). Please ask your therapist if you have any specific questions