

CONSENT FOR ADULT MENTAL HEALTH SERVICES

Name of Adult (please print)

Date of Birth (m / d / y)

As our client you have the right:	You should also know that we:
<ul style="list-style-type: none"> To be treated with dignity and respect To confidentiality To provide input and direction in planning and reviewing the services you receive To see your records according to agency policy To consent to the release of information about you. With your consent, we will work together with other services or agencies you are involved with Will seek consultation or your case may be discussed with other staff members To discuss with your worker any decisions or treatment you feel is not right for you To be informed of the agency's complaint procedure To withdraw from service at any time you choose. This consent will no longer be valid once service is terminated 	<ul style="list-style-type: none"> Will involve other people (family, doctor, police or other services) if we think you are in danger to yourself or someone else Must by law, report any suspicions or incidents of abuse to the proper authorities Require you to advise us when you move, change (or acquire) a telephone number and/or there is a change or an escalation of concerns with you. Will make sure you know what services are available for you to receive Will maintain a confidential clinical record (which may include your personal image) within our electronic data base system EMHware. If appropriate and only with your consent we may share access to your EMHware record. By law, will protect your personal information in accordance with and governed in the Ontario Personal Health Information Protection Act (PHIPA)

Complaint Procedure: If any person receiving services from Dilico Anishinabek Family Care is concerned or dissatisfied about any aspect of the services, which they are offered, they may inform their worker to find a solution. If the problem is still not resolved, please contact his/her Manager by telephone. If there is still dissatisfaction that a solution has not been found, the Director of Mental Health and Addictions will want to review what has not worked. Please write a letter to the Director stating the complaint and forward the letter to: 200 Anemki Place, Fort William First Nation, ON P7J 1L6. If you are not satisfied the Executive Director will attempt to arrange a meeting for you with a committee of the board.

Assessment/Treatment Plan: It is the right of the client to receive full feedback on any assessment planned or written and to be fully involved as participants in the development of a treatment plan as far as this is possible.

I am aware that access to and participation in Dilico's Mental Health Services is on a **voluntary** basis. I agree to take part in services offered by Dilico Mental Health Services as best as I can. The Consent to Service and the agency Complaint Procedure were explained to me.

Intake completed by phone. Assigned staff is responsible for obtaining signatures.

Signature: Client

Date

Signature: Witness

Date