

UNIFIED COMMUNITY SERVICES
Outpatient Mental Health Program Acknowledgement

Consumer's Name: _____
(Please Print)

Assessment and Treatment Plan - You will be informed of the results of your assessment. If it is determined that outpatient mental health services are appropriate for you, you will participate in planning your treatment. Your treatment provider will write a treatment plan for your approval and signature. You will participate in the ongoing review of your treatment plan and progress toward measurable outcomes.

Fees for most services are on a sliding scale, based on ability to pay. Services may be covered by health insurance, Medical Assistance or Medicare, depending on individual coverage.

Emergency Mental Health Services are available 24 hours a day, 7 days per week by calling the Unified Community Services 24-hour crisis line at 1-800-362-5717.

Discharge will occur when your treatment plan goals have been met. If you terminate treatment without notifying your provider, you will be discharged within 90 days following your last appointment. You may be involuntarily discharged for behavior that may reasonably be the result of mental health symptoms for the following reasons:

- Threatening and/or endangering the safety of staff or other consumers; or
- Pattern of verbal abuse/harassment toward staff and/or other consumers; or
- failure to identify a treatment goal; or
- consistent failure to work toward achieving a treatment goal.

Your provider will notify you in writing prior to discharging you involuntarily.

Rights and Grievances - Your signature on this form verifies that you have been given a copy of "Client Rights and the Grievance Procedure for Community Services", and have been orally notified of your rights.

Client signature _____ Date _____

Other Authorized signature _____ Date _____

*Legally authorized to consent to disclosure because patient is: _____ Minor _____ Incompetent

Legal Authority: _____ Parent of Minor _____ Legal Guardian