

# Woodland Centers-Consent for Services

Client #: \_\_\_\_\_

\_\_\_\_\_  
Client Name (Please print)

\_\_\_\_\_  
Client Birthdate

## Informed Consent for mental health services at Woodland Centers:

The purpose of this Consent for Services is to provide information to you regarding mental health services, including the risks and benefits of treatment. After a thorough assessment of your individual situation and needs, your provider will give you recommendations for services, which may include individual therapy, group therapy, or psychiatric services including medication management. You should discuss any concerns you have regarding your treatment plan with your provider. There are no guarantees that you will experience positive results from any recommended services or interventions. There are a number of factors that can impact your results including your participation and willingness to engage in the recommended services. Mental health services have risks, including addressing painful emotional experiences or feelings, being challenged or confronted on a particular issue, and the difficulty of implementing changes outside of therapy. You can discuss these risks or other issues with your provider at any time. It is important that you review periodically with your provider how services are going and discuss any changes or questions you have.

## I have read and understood the following information regarding my decision to engage in mental health services at Woodland Centers:

- **Telehealth Services:** I may be offered services via telehealth which involves the delivery of mental health services by two-way electronic communication with a provider who is at a different physical location. Prior to scheduling telehealth services, I will have the opportunity to discuss the risks and benefits. I consent to the use of telehealth if appropriate for my treatment. I understand that I may decline telehealth services at any time and request to be seen in person. Receiving services via telehealth requires access to a mobile device or computer with high-speed internet access, and services may be interrupted due to technical issues. I understand that I may not record telehealth sessions. Woodland Centers will not record telehealth sessions unless I have given consent and signed a Videotaping Authorization form.
- **Integrated Care:** If I am or will be working with more than one Woodland Centers program or provider, I give consent to all Woodland Centers programs and providers involved in my treatment to share my protected health information, including records related to substance use, in order to facilitate better coordination of services and integration of care.
- **Clinical Trainees/Clinical Interns:** I acknowledge and consent that a Woodland Centers intern or clinical trainee who is pursuing licensure or credentialing may provide services under the supervision of a designated licensed supervisor. The licensed supervisor will have access to my records and may join sessions to observe the intern or trainee. I understand that services provided by an intern or clinical trainee are billed at the standard rate for such services under the licensed supervisor.
- **Parent/Legal Guardian of Minors (ages 15 and under):** I attest that I am the parent/guardian of the minor client and have the legal right to arrange services for the minor client (including substance use program services). I understand that another parent or legal guardian may have access to the minor client's records, even if they did not arrange the services. Any disagreement between parents or legal guardians regarding services for a minor client must be discussed at the first session or as soon as the disagreement arises. If the disagreement cannot be resolved, Woodland Centers may discontinue services. Our services are focused on treating the presenting mental health or substance use issues and are not focused on assessing parenting capacity or documenting disputes between parents. **Woodland Centers reserves the right to require documentation of legal custody arrangements at any time.**
- **Minors age 16 and up:** A minor sixteen and older may consent for outpatient mental health or substance use program services without parent or guardian consent (Minn. Statute §144.3431). When a minor consents for services, an authorization to release protected health information will be required to share information with parents/guardians. **(Parent or guardian consent is required for: Day Treatment, Crisis Stabilization, and/or Family Community Support Programs)**
- **Findhelp:** Findhelp is a resource platform for clients who identify needs based on Social Determinants of Health (SDOH) screening, including transportation, food, housing, etc. Client information will be entered onto the Findhelp platform to connect to appropriate local resources in the community. If I do not want information shared with Findhelp, I must notify my care coordinator in writing.
- **Text/E-Mail Communication:** By providing a cell phone number and/or email address, I am consenting to receiving communications including but not limited to voice message calls, text messages, and emails from Woodland Centers employees. I understand that standard rates for calls or texts may apply.
- **Emergencies:** Some providers and services may not be available after hours or in an emergency. You should discuss a plan with your provider for how to address mental health emergencies, including how to access crisis services. If you or someone else is experiencing a mental health emergency you can call Mobile Crisis Response, call the Suicide Crisis Lifeline by dialing 988, or go to the nearest Emergency Department.

I confirm the following have been offered to me, and I understand I may request a copy at any time, or find the information on the Woodland Centers website at [www.woodlandcenters.com](http://www.woodlandcenters.com) .

- Notice of Privacy Practices (Uses and Disclosures of Protected Health Information, Privacy Practices and How to file a complaint)
- Client's Rights and Responsibilities
- Fee and Payment Information (including Sliding Fee Schedule)
- Electronic Communication (including e-mail, text, and telehealth services)

By signing, I acknowledge that I am authorizing Woodland Centers to provide mental health treatment services. I consent to the use and disclosure of my health information for treatment, payment, and operations as explained in the Notice of Privacy Practices. Woodland Centers may send my insurance company any information that is needed to determine payment for services. This may include substance use information. I give my insurance company permission to send payment directly to Woodland Centers. I understand I may apply for a reduced fee for services. I understand that to apply for a reduced fee I must give Woodland Centers information on my family size and verification of my gross income within 30 days of the application. I understand that I am financially responsible and must pay all bills for any services provided. This consent will expire when I am no longer receiving services at Woodland Centers or upon my written revocation, whichever occurs first.

Who is signing this Consent?  Client       Parent       Legal Guardian (documentation required)

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Client/Parent/Guardian Signature

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Today's Date