

PROGRAM ORIENTATION AND INFORMED CONSENT FOR SERVICES

By initialing below, both the individual receiving services or his/her legal guardian (as applicable) and the Clackamas MHC Clinician acknowledge that the client/guardian has received the Clackamas MHC Services Guide , and that each section, as listed below, has been reviewed and explained to the client/guardian.		Client/ Guardian Initials	Clinician Initials
Service Options, Risks, and Benefits	I acknowledge that the service options, risks, and benefits associated with Clackamas MHC services have been explained to me, and I have been provided this information in writing as part of the <i>Clackamas MHC Services Guide</i> .		
Consent to Receive Services	I hereby consent to receive services from Clackamas MHC staff. I understand that I may discontinue services whenever I choose.		
Client Rights and Responsibilities	I acknowledge that my rights and responsibilities as a client have been explained to me and I have been provided this information in writing as part of the <i>Clackamas MHC Services Guide</i> .		
Notice of Grievance Process	I acknowledge that information about how to file a complaint/grievance with Clackamas MHC, including how to contact my coordinated care organization or the State of Oregon, Addictions and Mental Health Division, has been explained to me, and I have been provided this information in writing as part of the <i>Clackamas MHC Services Guide</i> .		
Notice of Privacy Practices	I acknowledge that Clackamas MHC's Notice of Privacy Practices has been explained to me, and I have been provided this information in writing as part of the <i>Clackamas MHC Services Guide</i> . This includes my acknowledgment that Clackamas MHC employees are required by law to report any unsafe situation to child welfare or law enforcement . I understand that services will be provided to me whether or not I choose to respond to questions about safety.		
Mental Health Declaration	I acknowledge that the process by which I may choose to make a mental health declaration has been explained to me with the opportunity given to do so with the assistance of Clackamas MHC staff, and I have been provided this information in writing as part of the <i>Clackamas MHC Services Guide</i> .		
Register to Vote	I acknowledge that the process by which I may register to vote in Oregon has been explained to me, with the opportunity given to do so with the assistance of Clackamas MHC staff, and I have been provided this information in writing as part of the <i>Clackamas MHC Services Guide</i> .		

Client/Guardian Signature

Printed Name

Relationship to Client

Date

Clackamas MHC Clinician Signature/Credentials

Printed Name

Title

Date

Oregon State law requires a parent or legal guardian's consent to provide medical/mental health treatment to children younger than 15 years, and individuals younger than 14 years to obtain certain mental health services, without parent/guardian consent. If signed by other than Client or Parent, PROOF OF LEGAL REPRESENTATION MUST BE PROVIDED in the form of custody order, guardianship order or medical power of attorney.