



AMERICAN BEHAVIORAL CLINICS

Informed Consent Policy (HSS 94.03)

It is policy of American Behavioral Clinics that each patient, or individual acting on behalf of a patient, shall receive specific, complete and accurate information regarding the various treatment and psychotherapy they may receive. Under normal conditions, this information shall be presented verbally by the therapist rendering the particular treatment. In instances where there is a greater possibility of the treatment resulting in unexpected or negative side effects, the information shall be provided in writing at the request of the patient or personal representative.

The patient shall always be accorded ample time to consider the information prior to agreeing to participate in the particular treatment, and shall always be provided with the opportunity to seek additional information if so desired.

The specific, complete and accurate information provided shall address each of the following areas:

1. The benefits of the proposed treatment.
2. The way the treatment is to be administered.
3. Risks or side effects from therapy and/or the risks of side effects from medications.
4. Alternative treatment modes.
5. The probable consequences of not receiving proper treatment.
6. The time period for which the informed consent is effective.
7. The patient's right to withdraw the informed consent at any time in writing.

I have read and understand the policy and procedures pertaining to my granting of informed consent for the treatment which I choose to receive and have been presented with the necessary appropriate information either verbally or in writing (if in writing, the information is attached to this consent) and having adequate time to recommended treatment regime(s). Further, I recognize that I may indicate my informed consent by signing this document, and that said document shall be retained in my clinic record; and I am entitled to receive a copy of same should I so request.

Patient and Family Member(s)/Significant Other Signatures

Date

Guardian Signature

Date

Witness Signature

Date