



OUTPATIENT BEHAVIORAL HEALTH SERVICES  
FURTHER CONSENT TO BEHAVIORAL HEALTH TREATMENT

**OUR MISSION:**

As People of Providence we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

**OUR CORE VALUES:**

Respect • Compassion • Justice  
Excellence • Stewardship

**Further Consent to Behavioral Health Treatment:**

In addition to reading and signing the consent and agreements in the Providence Health System Conditions of Service, I understand that:

- ◆ I am consenting voluntarily to services after being provided with a description of the proposed services and information concerning potential risks and benefits of service procedures;
- ◆ This includes my right to participate in the development and periodic review of an individualized treatment plan, to receive a copy of the written plan, to receive services consistent with that plan and participate in periodic review and reassessment of service and support needs.
- ◆ I have a right , to be informed of my diagnosis (after the mental health assessment has been completed), and the purpose of any prescribed medication and potential side effects; and

**Specific to Individuals receiving Eating Disorder Treatment:**

- ◆ I will not be able to access notes via MyChart while enrolled in this program, and note sharing will not be reactivated until my enrollment ends.

**Specific to Individuals receiving Substance Use Disorders Treatment:**

- ◆ I am consenting voluntarily to receive treatment for dependence or addiction to substance(s) including alcohol, prescription medication, and other drugs or substance(s)
- ◆ I voluntarily consent that my DMV completion certificate be sent to the DMV, if receiving services related to a DUII charge.
- ◆ I understand communication regarding my treatment is confidential and released only by my written consent:
  - Unless specifically ordered by the court,
  - When there is reasonable concern that harm to patient and/or others may immediately occur, including Services to Children and Families, Aging Services or the police,
  - There is knowledge of entering or driving a motor vehicle while intoxicated,
  - In a life threatening emergency when information is required to prevent delay in necessary treatment.
- ◆ I have been informed of my right to withdraw consent and of the right to file grievances, including appealing decisions resulting from the grievance. I may file a grievance by:
  - Contacting any member of the staff;
  - Contacting the Program Supervisor or Manager at PSV 503-216-2025 or PPMC 503-215-6474;
  - Call the Customer Care Team of Oregon at 503-692-1275 or toll-free at 1-855-360-3463
  - Contacting Disability Rights of Oregon 503-243-2081 or 1-800-452-1694
  - Contacting your insurance company using your customer service line located on the back of your insurance card. (health share 503-416-8090 or 888-519-3845)
  - Contacting The Joint Commission that accredits our hospital by calling 1-800-944-6610

I have read and understand the above:

Individual: \_\_\_\_\_ Date: \_\_\_\_\_