

Weber Behavioral Health

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Consent for Treatment

Name of Client: _____ DOB: _____

The undersigned grants authority to Weber Behavioral Health to preform those procedures and treatments necessary for this specific diagnosis using the standard of care for such treatment in similar facilities.

_____ (initials) I understand that I am financially responsible for any and all balances that are not covered by insurance or other third party payers within 60 days of service.

_____ (initials) I understand that my records may include illicit drug and alcohol abuse information which is protected under Federal Confidentiality Regulations. Any further disclosure is prohibited without specific consent.

_____ (initials) It is the policy of this office to charge for “no show” appointments. If for some reason I cannot keep my appointment or have a conflict, I will give the office 24 hours notice or cancel or reschedule. I understand that there is a minimum charge of \$25.00, exceptions may be made for unforeseen circumstances. If I am more than 15 minutes late for my appointment, I may be asked to reschedule.

Confidentiality

Everything that is shared in a session will remain confidential, including the fact that you are being seen as a client with the following exceptions:

1. When there is reason to believe or if there is a disclosure that a child, developmentally disabled adult, or an elderly person is being abused or neglected, we must, under state law, report this to the proper authorities.
2. If, in our clinical judgment, we believe that you are a danger to yourself or others.
3. Under court order, we may be required to provide specific information to the court.

Psychiatric Advanced Directives

Psychiatric advance directives are relatively new legal instruments that may be used to document a competent person’s specific instructions or preferences regarding future mental health treatment. Psychiatric advance directives can be used to plan for the possibility that someone may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness.

I do _____ or do not _____ (initial correct one) have a psychiatric advanced directive.

Client or Guardian Signature

Relationship to Client

Date

Provider or Witness

Date