

Consent for Mental Health Services

Yolo County Department of Alcohol, Drug, and Mental Health Services (ADMH) offers services to people with mental health, alcohol, and drug treatment needs. I understand that records concerning my treatment will be kept confidential and retained as allowed by law. ADMH staff may share information about me as necessary for treatment, and I understand my consent must be given to release information about me *outside* of ADMH, **EXCEPT** in the following situations:

- In case of a medical emergency
- In case you are in danger of hurting yourself, someone else, or someone else's property
- In case there is reasonable suspicion of child, elder, or dependent adult abuse
- By court order

I agree to participate in the completion of assessment forms to increase the quality of care that I receive.

ADMH programs provide clinical experience for a variety of mental health trainees. These trainees may be working toward graduate degrees in psychology, social work, child and family counseling, nursing and/or psychiatry. I understand that ADMH will inform me prior to receiving treatment from a trainee.

I have read and understand the information in this Consent form. Staff has explained, in a language I understand and to my satisfaction, what giving consent means. I understand that I can withdraw my consent and terminate from services at any time.

I hereby authorize Yolo County Department of Alcohol, Drug, and Mental Health Services, and designated contract providers, to provide evaluation and treatment to:

Name (please print)

Signature

Date

Parent/Legal Guardian/Conservator (please print)

Signature of Parent/Legal Guardian/Conservator

Date

Please ask our staff if you have any questions or need assistance completing this form.