

Tus neeg mob lub npe Patient name			
MHN MHN	Hnub yug DOB	Muaj tsawg xyoo Age	Poj niam los txiv neej Gender

**Tus Neg Mob Txoj Cai/Kev Hais Lus Tsis Haum Siab/Cov Nqi Kho Mob**

**Lees Paub Thiab Tso Cai Rau Kev Kho Neeg Puas Hlwb**

**Psych Treatment Consent/Acknowledgement -**

**Client's Bill of Rights/Grievance Process/Treatment Costs**

Nplooj 1 ntawm 2

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**Tso Cai Kho Mob**

**Informed Consent to Treatment**

Kuv tau txais, nyeem thiab nkag siab txog cov lus qhia uas tso cai kho mob thiab cov lus qhia hauv kuv cov ntaub ntawv txog kev puas hlwb uas muaj nyob hauv daim ntawv hu ua **“Koj Cov Cai Ua Ib Tug Neeg Mob Ntawm Marshfield Clinic Department of Psychiatry and Behavioral Health.”** Kuv nkaj siab tias kuv muaj cai tham txog cov ntsiab lus nram qab no nrog kuv tus neeg muab kev pab txog kev puas hlwb: qhov zoo ntawm qhov uas npaj kho mob thiab cov kev pab, qhov uas yuav kho mob thiab qhov uas yuav siv cov kev pab, seb cov kev phiv los sis qhov phom sij ntawm cov kev phiv yog dab tsi (nrog rau cov kev phiv los sis qhov phom sij ntawm cov kev phiv los ntawm cov tshuaj), lwm txoj kev kho mob thiab lwm cov kev pab thiab qhov uas tej zaum yuav tshwm sim yog tias tsis kho tus mob thiab siv cov kev pab. Daim ntawv tso cai kho mob no tsuas siv tau 15 lub hlis pib hnub uas kuv kos npe. Kuv nkag siab tias kuv yuav rho tau qhov uas kuv tso cai no thaum twg los tau ntshe yog hais tias kuv cov neeg muab kev pab twg ho tau qhia tawm thaum uas kuv tseem tso cai lawm xwb. Kuv nkag siab tias yog kuv tsis kam tso cai kho mob yuav tsis kho kuv.

*I have received, read and understood the information on informed consent for treatment contained in the brochure entitled **Your Rights as a Patient of the Marshfield Clinic Department of Psychiatry and Behavioral Health**. I understand that I have the right to discuss the following topics with my mental health provider: the benefits of the proposed treatment and services, the way the treatment is to be administered and the services are to be provided, the expected treatment side effects or risks of side effects (including side effects or risks of side effects from medications), alternative treatment modalities and services and the probable consequences of not receiving the proposed treatment and services. This consent to treatment is effective for 15 months from the date of my signature. I understand that I may withdraw this consent at any time except to the extent that my providers have taken action in reliance upon this consent. I understand that if I refuse to give this consent to treatment I cannot be treated.*

_____	_____	_____/_____/_____	_____
Tus neeg mob kos nprpe (Neeg mob tus saib xyoo) Patient signature (Patient's legal representative)	(Sib txheeb li cas) (Relationship)	Hnub tim (hli/hnub/xyoo) Date (month/day/year)	Sij hawm Time

(Tus neeg mob sau ob tug ntawv cim lub npe qhia: \_\_\_\_\_ **Kam** \_\_\_\_\_ **Tsis kam**)  
(Patient initial appropriate response: \_\_\_\_\_ **Accept** \_\_\_\_\_ **Refuse**)

Additional copy to patient

**Tus Neeg Mob Txoj Cai/Kev Hais Lus Tsis Haum Siab/Cov Nqi Kho Mob**

**Lees Paub Thiab Tso Cai Rau Kev Kho Neeg Puas Hlwb (Txuas Mus)**

Nplooj 2 ntawm 2

Tus neeg mob lub npe <i>Patient name</i>	MHN <i>MHN</i>	Hnub yug <i>DOB</i>	Muaj tsawg <i>xyoo</i> <i>Age</i>	Poj niam los <i>sis txiy neej</i> <i>Gender</i>
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**Lees Paub Txog: Tus Neeg Mob Txoj Cai/Kev Hais Lust Sis Hawm Siab/  
Cov Nqi Kho Mob**

***Acknowledgement of Client's Bill of Rights/Grievance Process/Treatment Costs***

Kuv tau txais, nyeem thiab nkaj siab txog cov lus qhia uas muaj nyob hauv daim ntawv hu ua **"Koj Cov Cai Ua Ib Tug Neeg Mob Hauv Marshfield Clinic Department of Psychiatry and Behavioral Health"** hais txog cov teeb meem nram qab no uas muaj feem txog qhov uas tu tshiab kho kuv.:

*I have received, read and understand the information contained in the brochure entitled **Your Rights as Patient of the Marshfield Clinic Department of Psychiatry and Behavioral Health** on the following matters pertaining to my care and treatment:*

- Tus Neeg Tau KevPab Cov Cai  
*The client's Bill of Rights*
- Txoj kev hais txog kev tsis haum siab thiab qhov uas muaj Cov Neeg Tswj Xeeb Uas Paub Txog Tus Neeg Tau Kev Pab Cov Cai  
*The grievance process and availability of client rights specialists*
- Tus nqi tu thiab kho mob  
*The cost of care and treatment*

\_\_\_\_\_  
Tus neeg mob kos nprpe (Neeg mob tus saib xyoo)  
*Patient signature (Patient's legal representative)*

\_\_\_\_\_  
(Sib txheeb li cas)  
*(Relationship)*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Hnub tim (hli/hnub/xyoo)  
*Date (month/day/year)*

\_\_\_\_\_  
Sij hawm  
*Time*