

---

Legal Name (please print)

Date of Birth

WellPower ID#

**Consent for Services.** I give consent to receive services from WellPower. I understand that the primary objective of these services is to help me achieve a life of wellbeing. My consent is voluntary and will remain valid for as long as I am in an open status with WellPower or until I sign another version of this Consent for Services. (However, if I am signing this Consent for Services on behalf of my minor child, my consent is valid only until my child reaches the age of majority.) This consent applies to all providers at WellPower who may provide me with services and permits the sharing of information amongst WellPower staff, as permitted by law. I may withdraw my consent at any time, unless there is an involuntary treatment order from the court. Withdrawal of consent will not affect actions already taken, or in progress, by WellPower. WellPower also has the right to stop providing me with services.

**Release of Information.** I understand that WellPower will need information about my past and present circumstances in order to provide me with the appropriate services. I further understand that if any of my providers are not given access to the information necessary for my treatment, as determined by the provider in their professional opinion, WellPower may discontinue treatment. I understand that if I am currently on probation or parole, I may need to sign an authorization to release information so my providers can speak to my probation or parole officer.

**Confidentiality.** I understand that information about me, including information in my electronic health record (EHR) and information shared by me during therapy sessions, is confidential and cannot be disclosed without my permission. There are some exceptions to this general rule of confidentiality. Information can be shared legally without my permission under circumstances including, but not limited to, the following: there is suspicion or evidence of abuse or neglect of a child, elder, or at-risk adult; I present a danger to myself or others; I am gravely disabled; I file a lawsuit against WellPower, a provider, or staff member; a complaint is filed with a licensing board or other state or federal regulatory authority against WellPower, a provider, or staff member; to comply with a subpoena or court order.

**Emailing, Texting, and Electronic Communications.** Although the rules of confidentiality extend to electronic communications, including unencrypted email and text messaging, they are not secure forms of communications. There is some risk that information contained in an unencrypted email or a text message may be intercepted by unauthorized third parties, or otherwise misdirected. I understand that, with few exceptions, WellPower will not send me unencrypted email or communicate with me via text message without first obtaining my permission—which may be verbal. (Examples of exceptions are sending me appointment confirmations, information to help me connect for telehealth appointments, and links to documents relating to my treatment.) I understand that each time I use any form of electronic communication, I am agreeing to accept the associated risks.

**Photographs.** I agree that WellPower may take my photograph for identification, security, or other administrative purposes, and understand that WellPower will treat such photographs as confidential.

**CBI Report.** I understand WellPower may request a Colorado Bureau of Investigation (CBI) report if there are any safety concerns.

**Outcomes Data.** I understand WellPower collects data on the outcomes (results) of services provided as part of routine service delivery, and may use the data for program evaluation, quality assurance and improvement, obtaining funding, or making professional presentations. I give WellPower permission to collect and use my service outcome data. If WellPower uses the data, no identifying information will be disclosed. I can withdraw this permission at any time by notifying WellPower in writing, but the withdrawal will not affect data already collected or used by WellPower.

**Valuables.** I understand WellPower is not responsible for the loss or damage of any valuable items that I bring to WellPower. These may be things like cell phones, electronic devices (such as laptops, tablets, and game systems), money, jewelry, glasses, dentures, hearing aids, personal medical devices, documents, or other valuable items.

**Antidiscrimination Policy.** WellPower recognizes the diversity and worth of all individuals and groups in our society and does not discriminate, exclude people, or treat them differently because of race or ethnicity, color, religion, age, sex, disability, national origin, language, military service/veteran status, pregnancy, sexual orientation, gender identity or expression, hair color/texture, body size, genetic information, or family structure.

**For Parents/Caregivers Giving Consent on Behalf of a Minor.** This paragraph applies if I am a parent/caregiver of the minor child named above and it relates to me personally. I understand that if I receive my own mental health treatment at WellPower, it may be necessary for the clinicians on my child's treatment team to communicate with the clinicians on my treatment team; review information in my WellPower electronic medical record; and enter documentation into my WellPower electronic medical record. Clinicians will communicate or review only the minimum PHI necessary to accomplish the intended purpose. I consent to use of my medical information as described in this paragraph.

---

 Legal Name (please print)

---

 Date of Birth

---

 WellPower ID#

### Treatment Rights of People We Serve

People receiving services at WellPower have the right to:

- Care and treatment that is respectful, and recognizes their dignity, cultural values and religious beliefs, and provides personal privacy (to the extent possible).
- Be spoken to in a manner and language they can understand. Receive interpreter services at no cost to them.
- Give informed consent to treatment, services, and procedures, and it is our responsibility to obtain their consent.
- Participate in decisions about their care and treatment.
- Have an individualized service plan that they help write. Get a copy of their service plan.
- Refuse a service, such as a drug, test, procedure, or treatment—unless the service is court-ordered—and be informed of the risks and benefits of such refusal.
- Receive services in the least restrictive, most suitable setting, provided such settings are available and currently funded.
- Care that meets their needs and is delivered in a safe setting.
- Be free of abuse and neglect.
- Be free from the improper application of restraints or seclusion (used only with children and as a last resort for their safety).
- Know the names, credentials, and experience level of the staff that provide them with services.
- Receive continuing care by the same practitioner, whenever possible.
- Receive information about the methods of therapy, the techniques used, the duration of therapy (if known), fee structure, and billing procedures. Receive, upon request, an itemized bill.
- To have information in their health record kept confidential, in accordance with law.
- Review or ask for a copy of their health record, as allowed by law.
- File a complaint or grievance about WellPower without fear of retaliation. Be informed of the procedures for filing a complaint or grievance, including contact information. Have a WellPower representative help them file a complaint or grievance.
- Have a person they choose represent their interests with regard to a complaint or grievance.
- Seek a second opinion from a provider outside of WellPower; they will be responsible for the cost and arrangements.
- Be told if referrals WellPower provides are to entities in which WellPower has a financial interest.
- Give informed consent prior to being included in any clinical trials or research studies.
- Be told if WellPower is participating in teaching programs.
- **Exercise these rights freely, without fear of it affecting their care, treatment, or the services they receive.**

In a crisis situation, crisis services can be accessed 24/7/365 by texting TALK to 38255 or calling 844-493-8255 (TALK) or going to <https://coloradocrisiservices.org/> to locate a walk-in crisis center.

### AGREEMENT

By signing below, I acknowledge each of the following on behalf of myself, my minor child named above, or other individual named above for whom I am the healthcare decision maker (such as legal guardian or medical power of attorney).

- I have read the information in this Consent for Services & Treatment Rights, or it has been read to me and I understand what it says. I have had an opportunity to ask questions and have had my questions answered.
- I have a right to and have been offered a copy of this Consent for Services & Treatment Rights.
- I understand the “Rights of People We Serve” as outlined in this Consent for Services & Treatment Rights.
- I have been offered a copy of WellPower’s Notice of Privacy Practices.

**X**

---

 Signature of individual or personal representative

---

 Signature date

---

 Name of personal representative (if applicable)

---

 Relationship
