



## Consent For Services

Please read the Client Service Agreement Guide, which can be found on our website at:  
<https://rivervalleybhwc.com/patient-forms/>

After reading the Client Service Agreement Guide, initial the required boxes.

- **Treatment (*please initial*):** \_\_\_\_\_
  - Consent For Treatment (check all that apply):
    - Therapy
    - Medication Management
    - Psychological Assessment 
      - Minor
      - Adult
  - Safe Harbor and The Divorce & Custody Litigation Agreement.
    - Filled out (separate form) (*please initial*) \_\_\_\_\_
    - Not applicable (Adult Client)
  - I understand treatment is confidential; however, there are limits to confidentiality under the mandatory laws of Minnesota.
- **Financial Policy (*please initial*):** \_\_\_\_\_
  - I understand and agree with the Financial Policy of RVBHCW (*initial*) \_\_\_\_\_
    - I am using my insurance (100% responsible for what they do not pay).
    - I am paying privately and/or not using my insurance (separate form).
    - Credit Card Information (**must have one on file in order for treatment at RVBHCW.**)
    - **Copays and private pay are due at the time of service and credit cards will be run** unless other arrangements have been made with the billing department and approved before your visit.
    - If there is a balance before your next visit your card will be run on the 15th and 30th of each month (if these dates fall on a holiday or weekend, it will be run on the next business day).
  - I understand and agree to the late cancellation policy (*please initial*). \_\_\_\_\_
  - I give permission to the following person \_\_\_\_\_ to
    - Make or Cancel appointments
    - Have access to my financial information
  - Patient Portal and Newsletter (check all that apply):
    - Please sign me up for the patient portal
    - Please sign me up for RVBHCW Newsletter
- **Client's Rights and Responsibilities reviewed (*please initial*).** \_\_\_\_\_

**Adult or Minor Consent to Treatment  
Therapy, Assessment &/or Psychiatric Medication Management Services**

I, \_\_\_\_\_, adult client OR parent and/or guardian of \_\_\_\_\_ (minor client if applicable), hereby acknowledge that I have been given a copy of the River Valley Behavioral Health and Wellness Center Client Service Agreement. I have read and by signing below, I agree to all terms and conditions with the Service agreement along with the highlighted areas below.

\_\_\_\_\_  
Signature of adult client OR parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of minor client (REQUIRED IF APPLICABLE)

\_\_\_\_\_  
Date

I have reviewed RVBHC's Client Service Agreement Guide and Consent with my client:

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date