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**INTENSIVE OUTPATIENT PROGRAM RIGHTS & CONSENT TO TREATMENT**

- I have the right to be respected as an individual, regardless of your gender, race, religion, sexual orientation, or disability status.
- I have the right to be treated in accordance with professional and ethical standards of conduct.
- I have the right to confidentiality. We will not disclose any information outside of the Chrysalis Center without your written consent. Clinical records will be maintained in a secure, locked environment. Electronic records are maintained with a secure, dual firewall system called InSync. Please be advised that state law requires that confidentiality be broken in certain emergency situations, such as to protect you or someone else from imminent danger, to report child or elder abuse, or if mandated by a court order.
- I have the right to discontinue treatment at any time. However, it is expected that you will confer with your primary therapist rather than end treatment abruptly. If you decide to discontinue treatment, you have the right to request a treatment summary and referrals to other programs or professionals.
- I consent to take part in treatment with Chrysalis Center IOP. I understand that it is in my best interest to actively participate in treatment and follow treatment recommendations.
- I have the right to participate in the development of my IOP treatment plan and agree to do so upon admission to the program.
- I understand that there is no guarantee that any particular outcome will result from treatment.
- I understand and give my consent for the Chrysalis Center IOP and outpatient staff to consult with each other as needed in order to provide me with the most effective, ethical treatment possible. The clinicians and nutritionists actively collaborate and consult about mutual cases, as well as share clinical notes.
- I understand that my treatment providers will consult and share clinical information with their supervisor and/or clinical board in order to provide legal and ethical treatment. They may also do so to meet the requirements set forth for licensure or certification.
- I understand that all communications with Chrysalis staff, including digital interactions, will be part of my clinical record. Any digital communication will be limited to that which does not compromise the clinical relationship or professional and ethical standards. I will discuss appropriate ways to use digital technology with my clinician. I understand that any communication via social media is prohibited. If I choose to communicate via digital media (cell phones, text, email, etc.), I understand the confidentiality of these interactions cannot be guaranteed, although any Chrysalis-based digital communications will utilize appropriate security measures.
- I understand and consent to the standard behavioral contingencies that are used by Chrysalis Center IOP, including but not limited to meal replacement/supplementation, time outs, or removal from activities if my behavior warrants these interventions. Any non-standard interventions will be detailed in their individual treatment plan.
- I understand that I am responsible for managing my prescriptions and checking any prescriptions I will take while at CCIOOP into the nurse daily.
- I have the right to file a written grievance with the Practice Manager, if I feel that any of these rights have been violated. Clients also have the right to contact the Governor’s Advocacy Council if they feel their rights have been violated.
- I understand that this consent will be valid for the duration of this episode of treatment or for 6 months, whichever is longer. If I need to withdraw my consent for treatment, I will do so in writing and submit it to my primary therapist.

I have read and understood this document and will address any concerns or questions with my therapist and/or the office manager. Chrysalis Center reserves the right to change this agreement as necessary and in accordance with all applicable laws. Current copies of this agreement can be requested anytime and are available on our website.

**Client/Representative Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

I have addressed the client’s/parent’s/guardian’s concerns and/or questions. The client appears fully competent to give informed consent.

**Clinician Signature** \_\_\_\_\_

**Date** \_\_\_\_\_