



# Statement of Client Rights & Informed Consent to Treatment

Lifeskills Center, Ltd | Susan White, LCSW  
800 Main Street, #11 Lower Level, Antioch, IL 60002

I have voluntarily chosen to receive treatment services from Lifeskills Center, Ltd., and may terminate treatment at any time. I also have the right to refuse any specific treatment procedure and be informed of the consequences from such refusal.

I understand there are no guarantees I will feel better or my problems will be resolved, and I acknowledge treatment is a cooperative effort between my therapist and myself. I also understand that the likelihood of positive results of therapy relies on my full cooperation.

If there exists a threat of harm to self or others, I understand the law requires my therapist to disclose information that would otherwise be confidential.

I understand my therapist will gather information and documentation about me, and I shall have:

1. The right to access safe, humane treatment regardless of race, religion, ethnicity, disability, sexual orientation, or HIV status in the least restrictive environment;
2. Confidentiality of HIV/AIDS status and testing as specified by State and Federal law; and the right to Nondiscriminatory access to services as specified in the American's With Disabilities Act of 1990;
3. The right to give or withhold informed consent regarding treatment or confidential information about client;
4. A description of the route of appeal available when a client disagrees with an organization's decisions or policies.

I have read and understand my rights as stated above. I hereby give my consent to take part in treatment or clinical intervention provided by Lifeskills Center, Ltd.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

Susan White, LCSW | #149011526