

**IROQUOIS MENTAL HEALTH CENTER**  
**CLIENT ORIENTATION CHECKLIST**

The following has been explained to me:

- \_\_\_\_\_ **Consent for treatment**
- \_\_\_\_\_ **Identification of the person responsible for service coordination**
- \_\_\_\_\_ **Nature and purpose of treatment**
- \_\_\_\_\_ **Possible consequences, complications and/or risks to treatment**
- \_\_\_\_\_ **Provision to individual of their rights as clients**
- \_\_\_\_\_ **Provision to individual of the IMHC's grievance procedure**
- \_\_\_\_\_ **Explanation regarding the processes of assessment, treatment planning, treatment, transitional and discharge planning referrals, and follow-up.**
- \_\_\_\_\_ **Explanation of IMHC's comprehensive services and activities**
- \_\_\_\_\_ **Hours of operation**
- \_\_\_\_\_ **Access to after-hour services**
- \_\_\_\_\_ **Code of ethics followed by all staff.**
- \_\_\_\_\_ **Confidentiality policy: staff/clients**
- \_\_\_\_\_ **Explanation of financial obligations, fees for services, and other Financial arrangements appropriate**
- \_\_\_\_\_ **Exclusion of restraint or seclusion practices**
- \_\_\_\_\_ **Prohibition of smoking anywhere in the main building or annex.**
- \_\_\_\_\_ **Explanation of policy on using or bringing illicit or licit drugs onto the premises**
- \_\_\_\_\_ **Explanation of policy on coming to services under the influence**
- \_\_\_\_\_ **Explanation of policy regarding weapons brought on to the premises**
- \_\_\_\_\_ **Explanation of expectations regarding keeping scheduled appointments and consequences of not doing so regarding further scheduling with therapist and/or psychiatrist**
- \_\_\_\_\_ **Explanation of policy regarding review of file materials or gaining copies from file**
- \_\_\_\_\_ **Explanation of input regarding satisfaction with services**
- \_\_\_\_\_ **Explanation of exclusionary criteria**
- \_\_\_\_\_ **Explanation of procedures to be re-admitted into the program**
- \_\_\_\_\_ **If ordered into treatment by court, you are expected to appear at court when ordered; any violation must be reported to court which could lead to dismissal and punishment as court sees fit**
- \_\_\_\_\_ **Tour of premises, including emergency exits, fire suppression equipment, and First aid kits**
- \_\_\_\_\_ **Identification of therapeutic interventions, including: sanctions, interventions, Incentives, and administrative discharge criteria**
- \_\_\_\_\_ **Notification of late cancellation/fail policy**

I have been given a copy of:

- \_\_\_\_\_ **A statement of my rights as a client (Confidentiality)**
- \_\_\_\_\_ **Grievance procedure/Violation of Client Rights and they have been explained to me in a language that I understand**

**I understand that this Center operates under a Code of Ethics for Professional Behavior and that a copy of this document is available to me if I request one.**

**I give my permission to this Center to contact me to participate in a “Follow-up Survey”.**

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**I understand the person responsible for coordination services for me is:**

\_\_\_\_\_, whose credentials have been explained to me.

**I am interested in registering to vote \_\_\_\_\_ Yes \_\_\_\_\_ No**

**THE ABOVE INFORMATION HAS BEEN EXPLAINED TO ME AND I HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS WHICH HAVE BEEN ANSWERED TO MY SATISFACTION.**

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
date of birth

\_\_\_\_\_  
Print Parent or Guardian Name - if applies

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
date of signature

\_\_\_\_\_  
Signature of Parent or Guardian      date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
date of signature