

Iowa Department of Health and Human Services

Consent to Treatment

Cherokee Mental Health Institute
Cherokee, Iowa

Granted by / or on behalf of:

Date:

The Mental Health Institute provides active treatment to all patients who are in need of acute psychiatric services. While you are here, treatment will be provided including the use of medications, a psychiatric rehabilitation program, school for children and adolescents, discharge planning, and vocational rehabilitation counseling services.

This consent authorizes the staff of the Mental Health Institute to perform such medical interventions as is necessary for evaluation and treatment, and to administer such drugs as in their judgment are necessary for evaluation and treatment. If you are on medications at the time of admission, they may be continued and evaluated by the physician. If other medications are needed at the time of admission, education on these medications will be provided. At the time a treatment plan is initiated, your treatment, including medications will be explained to you. During this treatment planning session, the treatment team will also discuss goals and discharge planning with you. No promise has been made of a successful outcome and medication does not always produce the desired effect, and different medications may be added at a later time. In this case, you will be informed of recommended changes or additions.

Restraint and/or seclusion are used as a treatment of last resort only in an emergency situation at this hospital. Should you become a danger to yourself or others and all other interventions including the recommendations suggested when completing the coping aids forms have failed, you might need to be secluded or restrained.

The Mental Health Institute philosophy of treatment and restraint and seclusion policy have been explained to me and I have received a copy of patient rights materials which outline my rights and responsibilities as a patient.

Signature of Patient: _____

Date: _____

Guardian (if applicable): _____

Witness: _____

Date: _____