Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Installation : _____

Dossier : _____

Nom, Prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa-mm-jj

NAM : _____ Exp. _____
aaaa-mm

Nom de la mère : _____

USER'S CONSENT TO SPECIALIZED MENTAL HEALTH CARE AND SERVICES

The CISSSMO endeavours to foster a healthy work environment and respectful relationships between users and staff. The CISSSMO is therefore undertakes to:

- Not tolerate any rudeness, harassment, or violence in the workplace;
- Encourage politeness, respect, and conflict resolution by all individuals on its premises;
- Take appropriate steps to ensure a healthy, civilized work environment free of any form of violence or harassment.

All users who receive specialized second-line mental health services must be actively followed by a psychiatrist at the CISSSMO. To ensure optimal service delivery, users must agree to show up for their scheduled appointments. The psychiatrist may reconsider treating a user who repeatedly misses appointments, with or without a valid reason. After three unjustified no-shows or after six months of inactivity, the attending physician reserves the right to close the file and/or the case worker reserves the right to terminate the service episode.

I hereby:

- Certify that I have read and understood the above-mentioned rules. I agree to respect them throughout my follow-up;
- Certify that I have read my rights and responsibilities, and the resources available to me *(document provided on intake);*
- Consent to receive specialized mental health services;
- Authorize the physicians and case workers to carry out all necessary assessments and treatments.

In witness whereof, I have signed this consent form:

_____ _____
User's signature Date yyyy/mm/dd

_____ _____
Witness's signature Date yyyy/mm/dd

Nom : Prénom : #Dossier :

USER'S RIGHTS AND RESPONSIBILITIES, AND AVAILABLE RESOURCES

Our specialized adult mental health services endeavour to provide you with the best possible care. In doing so, our goal is to establish a respectful therapeutic approach tailored to your needs.

Our policies, procedures, code of ethics, and rules are based on our institution's core values: **compassion, consistency, confidence, collaboration, and commitment.**

Your rights pursuant to the *Act respecting health services and social services*:

Be informed of the existence of services and how to obtain them.

- Receive services in line with best practices and in a personalized and safe manner, according to the resources and equipment available.
- Choose the professional or the institution from whom or which they wish to receive services, knowing that the CISSSMO must take into account its available resources and the needs of other users.
- Receive the care required by your condition.
- Consent to or refuse appropriate care after having been informed about your state of health.
- Participate in decisions that could affect your state of health or welfare.
- Be accompanied, assisted, and represented by the person of your choice.
- Be lodged at the institution even after having been discharged by a professional until your condition allows you to return home or be integrated into a residence.
- Receive services in English, to the extent provided by the institution's access program.
- Access your record, subject to certain limitations.
- Consent to the disclosure of information contained in your record.
- File a complaint if you are dissatisfied with the services that you received or should have received.
- Be informed, as soon as possible, of any incident/accident having occurred during the provision of services.