Ministry of Health, Environment & Sustainability
Cayman Islands Government

Poinciana Rehabilitation Centre
Cayman Islands Government

Consent for Treatment

Resident's File Number:

Consent to Treatment:

- I_____ voluntarily consent to receive mental health treatment at Poinciana Rehabilitation Centre (PRC)
- I understand that the treatment plan will be developed by a qualified mental health professional following a comprehensive evaluation.
- I have been informed of the potential benefits and risks associated with the recommended treatment plan, which includes [treatments, e.g., individual therapy, group therapy, medication management].
- I understand that I have the right to ask questions and request clarification about any aspect of my treatment plan.
- I acknowledge that I can refuse any treatment option and discuss alternative approaches with my treatment team.

Right to Withdraw Consent:

- I_____ understand that I have the right to revoke my consent to treatment at any time, verbally or in writing.
- If I choose to leave the program before discharge planning is complete, I understand that I may be at risk and it is my responsibility to ensure my safety.

Confidentiality

- I understand the importance of confidentiality in my treatment. My protected health information will be disclosed only with my written consent, except in situations permitted by law.
- I have been provided with a copy of the PRC's Notice of Privacy Practices, which outlines how my protected health information will be used and disclosed

Program Rules and Regulation:

- I understand that PRC has established rules and regulations to ensure the safety and well-being of all residents.
- I have been provided with a copy of the program rules and agree to abide by them.
- I understand that violation of program rules may result in disciplinary action.

Agreement and Signature:

By signing below, I acknowledge that I have read and understood this consent form and have had the opportunity to ask questions.

Resident Signature: _____ **Date:** _____

Witness Name: _____

Witness Signature: _____ **Date:** _____