



# *Attentive Family Services, P.L.L.C.*

*“attentively listening to you!”*

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## **Informed Consent for Mental Health Services Notification of Rights**

I agree to mental health services provided by Attentive Family Services (Greg Dudzinski, MS, LPC) for:

\_\_\_ Myself \_\_\_ Spouse / Partner

Client Name: \_\_\_\_\_

Spouse / Partner: \_\_\_\_\_

I am aware of the process of mental health treatment services. I also understand that I may terminate services at any time (If court ordered for treatment, client should carefully examine their Order for Treatment & Termination conditions).

I have received a copy of my rights. I understand that a copy of the Michigan Mental Health Code is available to me for my review. I have had explained to me the process on how I may report violations to Attentive Family Services or Greg Dudzinski, MS, LPC rights advisor and seek their assistance, and that this information is provided in writing upon request. Also, complaints may be filed with the State of Michigan at:

Michigan Department of Consumer and Industry Services  
Complaint and Allegation Division, P.O. Box 30670,  
Lansing, MI 48909  
(517) 373-9196.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse / Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attentive Family Services Representative: \_\_\_\_\_ Date: \_\_\_\_\_