## INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

Name: Date of Birth:	
I understand that I am eligible to receive a range of services from my provice that I receive will be determined following an initial assessment and thorough the assessment process is to determine the best course of treatment for more over the course of several weeks.	gh discussion with me. The goal of
I understand that I have the right to ask questions throughout the course of outside consultation. (I also understand that my provider may provide me vispecific treatment issues and treatment methods on an as-needed basis due I have the right to consent to or refuse such treatment). I understand that I treatment to determine whether treatment goals are being met. I agree to and in the review process. No promises have been made as to the results of utilized within it. I further understand that I may stop treatment at any time first with my provider.	vith additional information about ring the course of treatment and that can expect regular review of be actively involved in the treatment f this treatment or of any procedures
I am aware that I must authorize my provider, in writing, to release information formation is released to insurance companies or any other third party, that it will remain confidential. When consent is provided for services, all informative following circumstances:	self or others. I understand that once at my provider cannot guarantee that
<ul> <li>When there is risk of imminent danger to myself or to another perstake necessary steps to prevent such danger.</li> <li>When there is suspicion that a child or elder is being sexually or phyabuse, my provider is legally required to take steps to protect the cauthorities.</li> <li>When a valid court order is issued for medical records, my provider requests.</li> </ul>	ysically abused, or is at risk of such hild, and to inform the proper
By my signature below, I voluntarily request and consent to behavioral hear services and authorize my provider to provide such care, treatment or service advisable. I understand the practice of behavioral health treatment is not at that no one has made guarantees or promises as to the results that I may reconsent to Treatment Form, I acknowledge that I have both read and unde contained herein. Ample opportunity has been offered to me to ask question unclear to me.	ices as are considered necessary and nexact science and acknowledge eceive. By signing this Informed rstood the terms and information
Client Signature:	Date:
Parent/Guardian Signature:(for minor)	Date: