

Patient Name _____ SS# _____

Informed Consent for Treatment

I _____ OR (parent or guardian)
agree and consent to participate in mental health services offered and
provided at/by _____ (name of provider),
a mental health provider. I understand that I am consenting and agreeing only
to those services that the above named provider is qualified to provide within:
(1) the scope of the provider's license, certification and training; or (2) the
scope of license, certification and training of these mental health providers
directly supervising the services received by the patient. If the patient is under
the age of eighteen, I attest that I have legal custody of this child and am
therefore allowed to initiate and consent for treatment.

Signature _____ Date _____

Relationship to patient _____