

TREATMENT CONSENT

By signing below, I certify that I have read and understand the terms stated in the Treatment Consent Form. I agree and consent to participate in the mental health services offered and provided at/by _____, a mental health provider.

I understand that I am consenting and agreeing only to those services that the above named health provider is qualified to provide within: the scope of the provider's license, certification and training. I understand and agree to the fee structure, cancellation / late cancellation policy, no-show policy and payment policy. I agree to abide by the terms stated above.

X _____ / ____ / ____