

(Template for treatment consent)

- SAMPLE -

Informed Consent for Treatment

I _____ (name of patient), agree and consent to participate in behavioral health care services offered and provided at/by _____ (name of provider), a behavioral health care 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 the behavioral health care providers directly supervising the services received by the patient.

If the patient is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

Signature _____ Date _____

Relationship to Patient (if applicable): _____

-SAMPLE-

(Template for treatment consent for a minor)

CONSENT TO TREATMENT FOR A CHILD

Name of Child Client _____

The therapist named below and I have discussed my child's situation. I have been informed of the risks and benefits of several different treatment choices. The treatment chosen includes these actions and methods:

- 1.
- 2.
- 3.

These actions and methods are for the purposes of:

- 1.
- 2.
- 3.

I have had the chance to discuss all of these issues, have had my questions answered, and believe I understand the treatment that is planned. Therefore, I agree to play an active role in this treatment as needed, and I give this therapist (or another professional, as he or she sees fit) permission to begin this treatment as shown by my signature below.

Signature of Parent/Guardian

Date

I, the therapist, have discussed the issues above with the child's parent or guardian. My observations of this person's behavior and responses give me no reason in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the child's treatment.

Signature of therapist

Date