

Catalyst Life Services

TREATMENT CONSENT FORM Client/Parent/Guardian

Client: _____

Date of Birth: _____

I hereby give permission for the above named minor or other individual for whom I am legally responsible to receive services from The Center for Individual and Family Services. I have received copies of the Center's Policy on Fees, a Statement of Client Rights/Grievances and agree to the stated terms.

I agree to provide information related to the problems or concerns of this individual and to participate as necessary, in the development and implementation of my Individual Treatment Plan.

Benefits of mental health services may include improved ability to cope with problems of living, improved relationships with others, skill development in areas such as communications and assertiveness, and growth in the areas of personal goals and values. I understand that in order to resolve difficult life issues and feelings, treatment may involve discussion of unpleasant experiences and exploration of painful feelings, which can result in increased emotional strain.

While I expect benefits from this service, I fully understand that because of factors beyond The Center's control or other factors, such benefits and particular outcomes cannot be guaranteed.

Each treatment service provider will discuss with you the proposed treatment service(s), which you have a right to accept, refuse and/or withdraw from at any time according to the Administrative Code 5122: 2-1-02 of the State of Ohio.

If you refuse treatment, efforts by the service provider will include alternative treatment approaches, if applicable, and an explanation of the risk of refusal of treatment for that service area.

Client/Parent/Guardian Signature: _____

Date: _____

Relationship: _____
(If other than client (parent or legal guardian))

Witness: _____

Date: _____