

Catalyst Life Services

TREATMENT CONSENT FORM Client/Parent/Guardian

Client Name: _____ Date of Birth: _____

Catalyst Life Services provides a comprehensive array of services including behavioral health services, substance use treatment, vocational, and audiology services.

The undersigned patient or responsible party (parent, legal guardian or conservator) consents to and authorizes services provided by Catalyst Life Services. Substance use treatment may be provided in coordination with Third Street Family Health Services. While your health record will be maintained by Catalyst Life Services, a portion of your health record may also be maintained by Third Street Family Health Services and medications prescribed to you may be uploaded into the EPIC system for continuity of care.

The undersigned understands that he/she has the right to:

1. Be informed of and participate in the selection of treatment modalities.
2. Receive a copy of this consent.
3. Withdraw this consent at any time.

Signature of Patient

Date Signed

Signature of Parent, Legal Guardian or Conservator

Date Signed

Signature of Witness (if appropriate)

Date Signed