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.

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