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## CONSENT FOR TREATMENT

The undersigned patient or responsible party (parent, legal guardian or conservator) consents to, and authorizes services, by\_\_\_\_\_. These services may include psychotherapy, medication

therapy, laboratory tests, diagnostic procedures and other appropriate alternative therapies.

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.

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Signature of Patient

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Date Signed

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Signature of Parent, Legal Guardian or Conservator

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Date Signed

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Signature of Witness (if appropriate)

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Date Signed