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## Consent to Treat

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**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Please review and initial the fields below.

1. \_\_\_\_\_ **Consent for Assessment and Mental Health Services:** I voluntarily consent that I will participate in a mental health evaluation and /or treatment by Old Mill Center's (OMCCF) counseling staff. I understand that services will be provided by a qualified mental health professional or counseling intern receiving clinical supervision by a licensed professional counselor. It is agreed that assessment, services, and support will follow guidelines specified in my individual services and support plan (ISSP). I will assist in the assessment myself, determining the plan for services, and reporting progress toward goals. I may request and receive a copy of my ISSP at any time.

The goal of the mental health services OMCCF provides is to help create positive and lasting changes for children and families. While efforts are made to reduce risks associated with counseling, I am aware that there are risks involved. Families sometimes experience an increase in stress, particularly during the early stages of mental health services.

2. \_\_\_\_\_ **Right to Withdraw Consent:** I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.

3. \_\_\_\_\_ **Authorization for Release of Medical Information:** I authorize OMCCF staff to release medical information about myself requested by insurance companies with whom I have coverage, or any public agency and/or its agents to determine benefits for services provided or benefits for related services. I understand that the amount and type of information shared depends on the requirements of that company or agency.

4. \_\_\_\_\_ **Assignment of Benefits:** I hereby authorize payment of benefits to be made directly to Old Mill Center for Children and Families. OMCCF accepts this assignment.

5. \_\_\_\_\_ **Privacy Policy/Individual & Family Rights and Responsibilities Statement:** I have been made aware of the Old Mill Center for Children and Families' Privacy Policy and of their Individual & Family Rights Statement.

6. \_\_\_\_\_ **Acknowledgement Statement:** I confirm that the contact and insurance information I provided is accurate. I will inform OMCCF of any changes in the future.

**Client (Please Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Legal Guardian (Please Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Guardian Signature:** \_\_\_\_\_