

CM COUNSEL
INFORMED CONSENT FOR BEHAVIORAL HEALTH TREATMENT

Patient's Name: _____ Date: _____

This form documents that you and your clinician have discussed your treatment options to your satisfaction.

I have received verbal and/or written information from the clinician regarding my treatment options.

By signing this form you indicate that the treatment options have been explained to you to your satisfaction. Even after signing you can refuse treatment and completely withdraw your agreement at any time. You will receive a copy of this form.

Please check one of the following:

_____ I have had the opportunity to receive information about my treatment from the clinician and I consent to the treatment. I understand I can ask questions about my treatment at any time.

_____ I have had an opportunity to discuss the treatment with the clinician and I refuse to consent to the treatment recommended.

Patient Signature: _____ Date: _____

Clinician Name: _____

Clinician Signature: _____ Date: _____