

Informed Consent for Treatment

I, _____ (name of client or guardian as applicable), agree and consent to participate in counseling services offered and provided by _____ (name of counselor), a mental health counselor. I understand that I am consenting and agreeing only to those services that the above named counselor is qualified to provide within: (1) the scope of the counselor's credentials, certification, and training; or (2) the scope of license, certification, and training of the mental health counselor directly supervising the services received by the client. If the client is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and I am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual. I am also aware that my behavioral health care provider is a mandated reporter regarding suicidal, homicidal, and abusive behavior or plans.

Signature: _____ Date: _____

Relationship to Patient (if applicable): _____

Client Name: _____