

Informed Consent for Treatment Request Form



Infinite Healing Solutions cannot give you legal advice on informed consent. The following is a sample for illustration purposes. Please consult your lawyer for advice on an appropriate informed consent form for your practice.

Informed Consent for Treatment

I hereby request that _____ born _____
Patient Name **Date of Birth**

and residing at:

City **State** **Zip Code** **Phone Number:** (____) _____

be accepted for psychiatric, mental health, or alcohol and drug abuse treatment as described to me.

1. I give my authorization and consent to receive outpatient diagnostic and treatment services from

Provider

2. I have been given information regarding my rights and responsibilities as a participant.
3. I have been given information regarding the limits of confidentiality of my records.
4. I have been given information regarding the cost of services form

Provider

I understand that I am responsible to pay a copay and that it is payable each time I come for treatment.

5. I understand that I may address any concerns or grievances with my therapist or any other representative of Infinite Healing Solutions at any time. I understand that I may also contact the licensing board, which regulates my therapist's professional practice.
6. I am freely choosing to enter into treatment, and I understand that I may discontinue treatment at any time.
7. I have been given information about the advantages and disadvantages of the treatment recommended as well as other alternatives.

Signature of Participant or Legal Consenter **Date**

Witness **Date**

Informed Consent for Treatment (cont'd)

MINOR:

Due to the following reason:

Reason

I have the legal capacity under applicable _____ law to apply for consent to such treatment and services mentioned in this form, without parental consent.
State

Signature of Participant

Date

Witness

Date

PARENT OR GUARDIAN:

I, _____, do hereby state that I am the Parent or Legal Guardian natural parent or legal
Parent or Legal Guardian

guardian of the participant; therefore, I am authorized to make this request for and give my consent to the treatment and services mentioned in this form.

Signature of Participant

Date

Witness

Date

Advantages and Disadvantages of receiving Outpatient Behavioral Health Services

Advantages may include:

- You will no longer struggle alone.
- You can build better relationships.
- It reduces your risk for other medical issues.
- It teaches you to develop coping strategies.
- Your performance at work can improve.
- It improves your quality of life.

You may experience:

- Improved communication and interpersonal skills.
- Improved self-acceptance and self-esteem.
- Capability to change self-defeating behaviors and habits.
- More suitable expression and management of emotions.
- Relief from depression, anxiety, or other mental health conditions.

This is NOT a comprehensive list of Advantages

Disadvantages may include:

- Fear about being judged
- Doubt
- Pride
- Misinformation
- Time commitment

You may experience:

- Fear experiencing the stigma attached to having a “psychiatric disorder”
- Projections of disappointment
- Reservations
- Vulnerability

This is NOT a comprehensive list of Disadvantages