

NORTHLAND CLINIC

PATIENT NAME: _____
CASE NUMBER: _____ DATE: _____

CONSENT TO TREATMENT BY PATIENT (PARENT OR GUARDIAN)

I hereby request treatment of Northland Clinic. I understand that such treatment may consist of: Evaluation only, Psychotherapy, Counseling, and other generally accepted treatment (see separate consent form for Medication). I also understand that direct participation of a psychiatrist in the above programs will be at the discretion of the Clinic. I have received a brochure that includes information about the services at Northland Clinic and about my rights as a recipient of mental health services. It is my understanding that such treatment is voluntary and that I may discontinue/refuse treatment at any time. I further understand that it is my choice to participate in concurrent services as well as self-help or advocacy groups without exclusion from treatment at Northland Clinic. I am aware that my therapist participates in case conferencing with other professional staff at Northland Clinic.

Patient (or parent/guardian) signature

Relationship to patient

Witness

Northland Clinic is engaged in ongoing efforts to evaluate and improve the quality of services offered. **May we send you a brief evaluation form following the completion of your treatment?** The form would only take several minutes to complete and your signature on the form is optional. Please note that your decision not to participate in this evaluation will not affect your treatment at Northland Clinic in any way.

Please circle

YES

NO

Again, your signature on the evaluation form is optional. If you don't wish to participate, your treatment here will not be affected.

Patient (or parent/guardian) signature

Relationship to patient

Witness