



Premier Counseling Services  
2004 S St Aubin, Suite 101  
Sioux City, IA 51106  
(712) 870-1445

### Informed Consent for Treatment

I \_\_\_\_\_, agree and consent to participate in behavioral health care services offered and provided by Kelley Polk, LMHC, LIMHP, LADC. I understand that I am consenting and agreeing only to those services the above named provider is qualified to provide within her scope of license, certification, and training. I also certify I have received and understand the HIPPA notice.

I \_\_\_\_\_, agree to notify this agency a minimum of 24 hours prior to my scheduled appointment if I am not able to keep my appointment. I understand if I no call no show for 2 appointments I will no longer be able to receive services at this agency.

If the patient is under the age of 18, or unable to consent to treatment, I attest that I, \_\_\_\_\_, have legal custody of this individual and am authorized to initiate and consent for treatment and/or am legally authorized to initiate and consent to treatment on behalf of this individual.

Signed, \_\_\_\_\_ Date \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Witness: \_\_\_\_\_