

**HARBOR BEHAVIORAL HEALTHCARE
CLIENT CONSENT FOR TREATMENT AGREEMENT**

I (we) hereby give my (our) consent to Harbor to provide treatment for me (us) and/or for my minor child(ren) on an outpatient basis. The risks and benefits of treatment have been explained to me (us). I (we) also understand that clinical records may be reviewed by a Quality Assurance Committee and/or in clinical supervision to ensure quality treatment for my (our) family. Information necessary to carry out treatment, payment and healthcare operations will be submitted to appropriate organizations for accreditation, certification or authorizations. Harbor's *Client Grievance Procedures, Client Rights and Responsibilities* and *Notice of Privacy Practices* have been explained to me and I have received my own copy. If our Privacy Practices should change, you will be notified of the change by receipt of the new Notice of Privacy Practices. The new Notice of Privacy Practices will also be posted.

To provide treatment to minors, Harbor Behavioral Healthcare is required to obtain consent for treatment from the minor's legal guardian or custodian. By signing below, you are attesting that you are legally or custodially responsible for the minor named below.

Client Name (please print)

Signature of Client / Parent or Guardian / or Authorized Representative

Date

Signature of Harbor Staff/Title

Date

You have the right to refuse treatment. If you refuse treatment, Harbor staff will, with your approval, offer assistance in developing alternative approaches to ensure you and/or your minor child(ren) receive the needed/recommended services. If you refuse treatment, please sign below.

I (we) hereby refuse my (our) consent for Harbor to provide treatment to me (us) and/or for my minor child(ren). The effects of this decision along with potential consequences have been explained to me and efforts have been made to offer help in developing alternative treatment approaches.

Signature of Person Refusing to Consent

Date

Signature of Harbor Staff/Title

Date

You have the right to withdraw consent for treatment at any time. If you choose to withdraw consent, Harbor staff will explain any implications or potential consequences for refusing treatment. If you have chosen to withdraw consent for treatment, please sign and date below.

I (we) hereby withdraw my (our) consent for Harbor to provide treatment for me (us) and/or for my minor child(ren). The efforts of this decision and potential consequences for withdrawing consent have been explained to me and efforts have been made to offer help in developing alternative treatment approaches.

Signature of Personal Refusing to Consent

Date

Signature of Harbor Staff/Title

Date