



**Treatment Consent Form**

Client Full Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Client Address: \_\_\_\_\_

I, \_\_\_\_\_, give consent to 'Ike Loa Therapeutic Services (ILTS) to provide therapeutic services for myself/my child. I give consent to the following:

- Assessment,
- Evaluation, and/or
- Treatment

For the following condition(s) that include diagnosis or probable diagnosis:

\_\_\_\_\_

The benefits, risks, alternative options, and anticipated results will be verbally explained at the initial therapy session.

Please **read** and **initial** each statement:

	I hereby consent to the assessment, evaluation, and/or treatment proposed above.
	I accept financial responsibility for treatment and for any portion of the fees not reimbursed or covered by my health plan.
	I understand that I may withdraw my consent any time prior to or during treatment.
	I understand that the anticipated results of treatment are not guaranteed.
	I understand this therapist does not provide emergency services. I have been informed to call 911 or go to the nearest Emergency Room in case of an emergency.
	I understand that records about me/my child and my/my child's treatment shall be kept in written and electronic form at the office of ILTS. In the event that I need a copy of any records, all requests must be in written form and sent to ILTS.
	I understand that records about me/my child and my/my child's treatment may be audited and used for evaluation and research with full protection of confidentiality.
	I understand that I may obtain a second opinion.
	I understand that the law requires ILTS to release information concerning me/my child in some situations. This could occur as follows: <ul style="list-style-type: none"> <li>• If there is a life threatening emergency. If there is evidence that I/my child may harm myself/himself/herself, or another individual. If a court orders that the information be released. If there is evidence of abuse or neglect.</li> </ul>

Print Client Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If client is a minor, print parent/guardian name: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_