the Happy Mind Company

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TREATMENT CONSENT FORM

*This form must be completed and signed by **both parents** if a minor is being seen and parents are divorced or separated prior to meeting with the professional staff at The Happy Mind company!*

Name:_____ Date:_____

Date of Birth:_____ Social Security Number:_____

Explanation of Consent Form:

This treatment consent form covers all procedures that are not of a nature to require a special consent, and it provides protection for the procedures performed by the professional staff of The Happy Mind Company. This form documents that the patient has consented to treatment at The Happy Mind Company, including but not limited to medicine management, psychotherapy, psychological testing, counseling and coaching. This allows the professional staff at The Happy Mind Company to provide services to you.

This form provides evidence that no guarantee is made by any professional at The Happy Mind Company concerning the outcome of treatment. There is no guarantee that treatment will be successful. This form also provides evidence that consent is given only after a full explanation has been provided by the staff at The Happy Mind Company. If you have any questions concerning this or any other matters, it is your responsibility to ask your psychiatrist, psychologist, or therapist. By signing this form, you acknowledge that you understand your consent to treatment as explained in this form.

Consent to Treatment:

I, _____, for_____,
(Print Your Name as a Consenting Adult) *(Print Name of Patient)*

Do hereby voluntarily consent to care and treatment by The Happy Mind Company, assistants and/or designees. I am aware that the practice of medicine psychiatry, clinical psychology, clinical social work and therapy is not an exact science and I acknowledge that no guarantees have been made as to the result of evaluation or treatment.

I am aware that I am an active participant in the counseling process and that I share responsibility for my treatment. My responsibilities in treatment include informing the psychiatrist, coach or therapist of any information that may be relevant to the problems or conditions being treated, assisting in setting goals for treatment, following therapeutic advice to the best of my ability, and ending treatment in a responsible way.

If I am consenting to treatment for another person, I certify that I am legally responsible for that person and am entitled to consent to treatment for them.

This form has been fully explained to me and I certify that I understand its contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to my understanding this form fully.

_____ _____
Signature *Date*

_____ _____
Witness Signature *Date*