

# Informed Consent For Treatment Request Form



Evernorth Behavioral Health cannot give you legal advice on informed consent. The following is a sample for illustration purposes. Please consult your lawyer for advice on an appropriate informed consent form for your practice.

## Informed Consent For Treatment

I hereby request that \_\_\_\_\_ born \_\_\_\_\_  
**Patient Name** **Date of Birth**

and residing at:

\_\_\_\_\_  
**City** **State** **Zip Code** **Phone Number:** ( ) \_\_\_\_\_

be accepted for psychiatric, mental health, or alcohol and drug abuse treatment as described to me.

1. I give my authorization and consent to receive outpatient diagnostic and treatment services from

\_\_\_\_\_  
**Provider**

2. I have been given information regarding my rights and responsibilities as a participant.

3. I have been given information regarding the limits of confidentiality of my records.

4. I have been given information regarding the cost of services from

\_\_\_\_\_  
**Provider**

I understand that I am responsible to pay a copay and that it is payable each time I come for treatment.

5. I understand that I may address any concerns or grievances with my therapist or any other representative of Evernorth Behavioral Health at any time. I understand that I may also contact the licensing board, which regulates my therapist's professional practice.

6. I am freely choosing to enter into treatment, and I understand that I may discontinue treatment at any time.

7. I have been given information about the advantages and disadvantages of the treatment recommended as well as other alternatives.

\_\_\_\_\_  
**Signature of Participant or Legal Consenter** **Date**

\_\_\_\_\_  
**Witness** **Date**

## Informed Consent For Treatment (cont'd)

### MINOR (Emancipated Minors Only):

Due to the following reason:

\_\_\_\_\_  
**Reason**

I have the legal capacity under applicable \_\_\_\_\_ law to apply for consent to such treatment and services  
**State**  
mentioned in this form, without parental consent.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

### PARENT OR GUARDIAN:

I, \_\_\_\_\_, do hereby state that I am the Parent or Legal Guardian natural parent or legal  
**Parent or Legal Guardian**

guardian of the participant; therefore, I am authorized to make this request for and give my consent to the treatment and services mentioned in this form.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**