



Informed Consent

CONSENT FOR CARE AND TREATMENT

I hereby grant permission to Transitions Center to employ routine services as may be deemed necessary or advisable for my diagnosis and/or treatment.

I agree to participate in my treatment planning process to the best of my ability. I understand that there is no guarantee that these treatment service(s) will prove beneficial for me.

I, the undersigned (or responsible party) have read and agreed to the above provisions.

Patient Name (Print): _____

Patient Signature: _____

Date: ____/____/____

Legal Guardian Name (Print): _____

Legal Guardian Signature: _____

Date: ____/____/____

Staff Name (Print): _____

Staff Signature: _____

Date: ____/____/____