

Mental Health Medical Consent Form Sample

The **mental health medical consent form sample** is a crucial document designed to ensure patients understand and agree to the treatment plans proposed by their healthcare providers. It clearly outlines the rights, risks, and benefits associated with mental health services. This form helps facilitate transparent communication and legal compliance in mental health care.

Sample Consent Form

Patient Information

Full Name:

Date of Birth:

Address:

Treatment Consent

I, the undersigned, hereby consent to receive mental health evaluation, diagnosis, and treatment from the designated mental health provider. I understand that my treatment may include individual, group, or family therapy, medication management, and other therapeutic interventions as deemed appropriate by my provider.

I have been informed of the potential risks, benefits, and alternatives to the proposed treatments. My provider has answered all questions I have about my care. I understand that my participation is voluntary and that I can withdraw my consent at any time.

Confidentiality

I understand that all information shared with my mental health provider is confidential and will not be disclosed without my written consent, except in cases where disclosure is required by law (e.g., risk of harm to self or others, abuse, or court order).

Patient Signature:

Date:

Provider Signature:

Date:

Submit