

Mental Health Consent to Treat Form

The **mental health consent to treat form sample** is a critical document used to obtain patient permission before initiating therapy or counseling sessions. It ensures that individuals are fully informed about the treatment process, confidentiality, and their rights. This form promotes transparency and trust between patients and healthcare providers.

Patient Information

Full Name:

Date of Birth:

Address:

Phone:

Consent to Treatment

I hereby give my consent to receive mental health services, which may include assessment, diagnosis, psychotherapy, and counseling. My provider has explained the nature and purpose of treatment, expected benefits, potential risks or side effects, alternatives, confidentiality, and the limits of confidentiality.

Confidentiality

- All information shared will be kept confidential except as required by law (e.g., threats to self or others, suspected abuse).
- You may revoke this consent in writing at any time.

Patient Rights

- Right to ask questions and receive answers about your treatment.
- Right to participate in treatment decisions.
- Right to refuse or discontinue treatment at any time.

Provider Information

Provider's Name:

Provider's Contact:

Signatures

Patient Signature:

Date:

Guardian Signature (if under 18):

Date:

I have read, understood, and agree to the terms above.