

**SAMARITAN COUNSELING CENTER OF WEST TEXAS, INC.**

**CONSENT FOR TREATMENT**

CONSENT FOR TREATMENT OF ADULT

I \_\_\_\_\_, hereby consent to the performance of mental health services including, but not limited to, consulting and testing.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Client

\_\_\_\_\_ Date \_\_\_\_\_  
Staff Signature

MINOR OR OTHER UNABLE TO CONSENT

**IF YOU ARE BRINGING A MINOR FOR THERAPY, YOU MUST REMAIN AT THIS CENTER UNTIL THE SESSION HAS CONCLUDED.**

Client is a minor or unable to personally consent to treatment:

Client name: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Name of Mother: \_\_\_\_\_

Guardian (if not parent): \_\_\_\_\_

Managing Conservator (if not parent): \_\_\_\_\_

Status of Custody (circle or check as situation applies):

Client is under full custody of biological or adoptive parents.

Client is under joint custody of divorced parents and I (we) are submitting court documentation to this agency. \_\_\_\_\_ (staff initials on receipt)

Client is under full custody of one parent, but both parents have full rights to seek psychological care and treatment.

Client is under full custody of one parent and only one parent \_\_\_\_\_(name) has full rights to seek psychological care and treatment.

Client is in kinship or foster care and \_\_\_\_\_ (name) is the guardian of the child, able to seek psychological care and treatment. I (we) are submitting paperwork to this agency as evidence of the above. \_\_\_\_\_ (staff initials on receipt)

Client is living with a non-parental relative but not under government conservatorship. I (we) are submitting paperwork to this agency. \_\_\_\_\_ (staff initials on receipt)

Name of person giving consent for treatment: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_