



WATERSTONE
Counseling Centers

Addiction Medicine and Psychotherapy

CLIENT NAME _____

DATE OF BIRTH _____

General Consent for Care and Treatment

The success of treatment with WCC depends upon a high degree of trust between you and your providers.

- Before a provider can begin sessions with you or your child, the Consent to Treatment form must be signed. If the client is a minor, ALL legal guardians must sign.
- The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.
- You have the right to discuss the treatment plan with your physician and/or therapist about the purpose, potential risks and benefits of any treatment plan designed for you.
- We encourage you to ask questions regarding your care.

I voluntarily request Waterstone Counseling Center, LLC health care providers to assess, evaluate diagnose, and recommend a treatment plan.

I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

Printed Client Name _____

Signature Client Name or Representative _____

Date of Consent: _____

Staff Witness Name _____

Signature Staff Witness _____

Date