

**TREATMENT CONSENT**

I/we are providing consent for ..... to receive treatment for  
(medical problem) ..... with the following treatment(s):  
.....  
.....

I/we understand the following:

- That I/we have been fully informed about the nature of the treatment, the risks and benefits, and the available treatment options, including
- That I/we have had the opportunity to have all questions answered to my/our satisfaction.
- That this consent is given voluntarily.
- That I am legally competent and have the authority to provide consent for treatment.
- That I have the right to withdraw my consent for this treatment at any time.
- That withdrawing consent for this treatment will not prejudice my continued treatment relationship.

Patient signature: ..... Date: .....

Parent/legal guardian: ..... Date: .....

Treatment provider: ..... Date: .....

\* If patient is a minor, signature may be required, depending on state law.