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Fargo, ND 58103 1126 Westrac Dr. Ph: 701-412-2973 Fax: 701-237-4407

Client Name:	Client Date of Birth:	Client Chart Number:
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Consent for Treatment

My signature below indicates my consent for service for myself, my minor child, or other individual for whom I have legal responsibility.

I understand that an assessment or evaluation is the first step in the process of obtaining professional recommendations for service, and that access to particular services will hinge on the nature of the diagnosis or condition to be treated and the eligibility criteria for the service or program being requested.

My signature below indicates my consent for the following assessment and treatment options:

- Diagnostic Assessment
- Individual Therapy
- Group Therapy
- Family Therapy
- Psychiatric Evaluation
- Medication Management
- Case Management
- Adult Rehabilitative Mental Health Services (ARMHS)
- Children's Therapeutic Services and Support (CTSS)
- Independent Living Skills Training
- Behavioral Assessment
- Behavioral Intervention
- Corporate Foster Care Services
- Other (specify):

See Minnesota Statutes Chapter 325L, Uniform Electronic Transactions Act and North Dakota Century Code Chapter 9-16, Electronic Transactions.

- a.) A record or signature may not be denied legal effect or enforceability solely because it is in electronic form.
- b.) A contract may not be denied legal effect or enforceability solely because an electronic record was used for its formation.
- c.) If a law requires a record to be in writing, an electronic record satisfies the law.
- d.) If a law requires a signature, an electronic signature satisfied the law.

Signature of Client or Parent/Guardian:	Printed Name of Signer:	Date of Signature: