

**EMPOWERMENT BEHAVIORAL HEALTH, LLC**

**CONSENT FORM**

I/we \_\_\_\_\_ hereby request and grant Empowerment Behavioral Health, LLC the consent to perform mental health and/or substance abuse assessment and treatment; and make recommendations for appropriate treatment services when applicable to provide treatment for \_\_\_\_\_, and any other member of the family deemed necessary for the evaluation and treatment regimen therein.

I/we have received a copy of “Client Rights and Responsibilities” delineated by Empowerment Behavioral Health, LLC who will administer evaluations and treatment services to you and your family. I/we also understand that this consent to participate in treatment can be rescinded at any time.

Signature of Client: \_\_\_\_\_

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

Signature of Parent or Guardian: \_\_\_\_\_

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

Telephone Number:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date