

Behavioral Health Consulting Services, LLC

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CONSENT FOR ROUTINE CARE FOR BEHAVIORAL TREATMENT

Client's Name: _____ D.O.B. ____/____/____

Date: _____

I consent to routine care for behavioral treatment with the interdisciplinary team and other professionals caring for me at BHCS, LLC. I understand that the consent does not include operations or other non-routine procedures or treatment.

I understand that the care for which is the subject of this consent may be rendered in my residence, or other facility. I further understand that the individuals providing my care may not be employees of BHCS, LLC but independent contractors who have agreed to provide services to BHCS, LLC clients or employees of other facilities.

I have the right to refuse any treatment, and I understand that such refusal may represent a significant risk to my health and well-being. I understand that behavioral treatment is not an exact science and no warranties or guarantees have been made by BHCS, LLC regarding my treatment.

I have read and understand this form. My questions regarding this form have been answered to my satisfaction. I understand that I may revoke this consent at any time.

Signature of Client/Patient (if 14 years of age or older)

Date

Signature of Parent/Legal Guardian

Date

Witness