



# Southern Minnesota Behavioral Health CONSENT FOR TREATMENT

Client Name  Birth date  Previous Name(s)  Marital Status

The following policies have been given to me or can be found at smnbh.org (please initial)

- HIPAA Notice of Privacy Practices
- Client Payment Policy
- Missed Appointment Policy

Please provide your signature and date in regard to the following five items:

**Consent for Insurance Billing**

I allow Southern Minnesota Behavioral Health to submit insurance claims on my behalf.

**Consent for Treatment**

I understand that I will be given appropriate information by my therapist about mental health therapy, psychological testing, and related procedures that may be offered to me at Southern Minnesota Behavioral Health. This will include a description of the nature, purpose, and probability of success of the recommended treatment, and any attendant risks. I here freely give my consent to treatment.

**Consent for Appointment Reminders**

I allow Southern MN Behavioral Health to send appointment text reminders unless I do not have text capabilities.

Phone Number: \_\_\_\_\_ I CANNOT receive texts

**Consent for Telehealth Appointments**

I consent to telehealth services.

Email address: \_\_\_\_\_

_____ <i>Signature</i>	_____ <i>Date</i>
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**If there is a Legal Guardian: Statement of Legal Guardian**

By signing below, I am stating that I am the legal representative of this client, and have the authority to sign the above representations on his/her behalf. If there is another party whose consent is also needed (as in the case of joint legal custody) I agree to provide that information.

Please sign: \_\_\_\_\_  
*Signature* *Date*

Printed Name <input type="text"/>	Relationship <input type="text"/>	Reason Client Cannot Sign <input type="text"/>
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Race: <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____
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Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is the primary language spoken in your home? _____
	Would you say you speak English <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at All