



### Informed Consent for Treatment

I, \_\_\_\_\_ (client or guardian, if necessary), hereby voluntarily consent for \_\_\_\_\_ (client), date of birth: \_\_\_\_\_, to attend the IAG Behavioral Health Center (BHC) at 30 Phelps Ave, Romeoville, IL 60446 for an intake screening and assessment to determine if the clinic can meet the client’s needs, effective as of \_\_\_\_\_ (today’s date). Services at the IAG Behavioral Health Center may include individualized treatment planning, psychotherapy, family or group therapy, case management, medication management or training, and psychiatric evaluations.

I understand that the potential benefits of receiving services may include obtaining a professional opinion other than my therapist. I understand that the staff of the IAG Behavioral Health Center may consult and collaborate on cases where therapeutically appropriate.

I understand and agree that disclosures and communications are considered privileged and confidential, with exceptions in cases explained in the policy. Disclosures will be communicated to the client in a timely manner.

I authorize IAG BHC to release any personal health information pertaining to diagnosis and treatment to any insurance company or third party who undertakes responsibility for IAG BHC’s professional service fees. I hereby authorize full payment of the insured portion of the charges to be paid directly to IAG BHC and understand that any portion of the fee not covered by the insurance is the responsibility of the client.

I understand that I may withdraw my consent at any time. Termination of consent may result in a cancellation of services.

My signature below indicates that I have read, understand, and agree to the statements made in the “IAG Behavioral Health Center Policy,” “Notice of Privacy Policy,” and “Informed Consent for Treatment” forms, and would like to proceed with services.

\_\_\_\_\_  
Client / Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship to client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date