

Client _____

**Phoenix Family Center, LLC
474 Summit Street
Elgin, IL 60123
847-695-5656**

CONSENT FOR SERVICES

As a client of The Phoenix Family Center, I agree to participate in mental health services provided by The Phoenix Family Center on my behalf.

I understand that I may choose to withdraw from services in the future.

Client Signature Date

As a client at Phoenix Family Center, I affirm that I, _____, have been assessed as appropriate to receive services provided at the agency with the following recommendations:

- 1. Participate in the treatment program specified in any treatment plans I sign.
- 2. I recognize services delineated in the treatment program may include:
 - Therapy/Counseling
 - Psychiatric services
 - Sexual Reactivity / Risk Assessment (where indicated)
 - Other _____

Written Consent, dated _____ Oral Consent, date given _____

Staff Signature Date

Guardian Date

NOTES: Consent must be obtained prior to the initiation of mental health services.

- *If the child is under the age of 12, the guardian must consent to services on the child's behalf*
- *If the child is between the ages of 12 and 18, he or she may consent to treatment for up to five sessions. The guardian must consent to services beyond five sessions.*
- *Legally competent adults who participate in treatment services are deemed to have consented.*