



CENTERSTONE

Consent to Treatment

I have read, or have had read to me, the issues and points reflected in the Centerstone Client Resource Guide. I have discussed those points I did not understand, and have had my questions (if any) fully answered. I agree to act according to the points covered in the Client Resource Guide. I do hereby seek and consent to take part in the treatment provided by Centerstone. I understand that developing a treatment plan with my therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that after my treatment with Centerstone begins, I have the right to refuse or express choice regarding the services I receive, for any reason. However, I will make every effort to discuss my concerns about my progress with my treating professional before ending therapy. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I know that I must call to cancel an appointment at least 24-hours before the time of the appointment. If I do not cancel or do not show up, I may be charged for that appointment.

If I am a TennCare recipient, I understand that I am eligible for transportation services. I can consult my Benefits guide for more information or contact the TennCare Hotline at 1-800-663-1851. The transportation provider for this area may be reached at: _____.

I am aware that an agent of my insurance company, or other third-party payer, may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. This information may be shared until all claims are processed for this treatment episode. I also request payment be made to Centerstone. This authorization will be valid until all claims for this episode of care are paid or resolved, unless I terminate this agreement by written notification to the Accounts Receivable Department at P.O. Box 40406, Nashville, TN 37204-0406. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

I understand that at this time my treatment will be provided at this Centerstone location: _____ However, I understand and agree that if appropriate, my treatment may be transferred to another Centerstone location that is listed in the Client Resource Guide.

My initials below indicate that I have received a copy of the Centerstone TenderCare Brochure.

My signature below shows that I have been provided a copy of my rights and responsibilities as explained in the Centerstone Client Resource Guide. It also shows that I have been provided information regarding transportation services and that I understand and agree with the above statements.

_____	_____	_____	_____
Printed Client Name	Client ID Number	Date of Birth	Age
_____	_____	_____	_____
Signature of Client		Date	
_____		_____	
Guardian Signature		Date	

If signed by guardian, please indicate relationship to client:

- Parent
- Guardian
- Other person authorized to act on behalf of the client.

For purposes of consent, unless declared incompetent, individuals ages 16 and over have the legal right to consent to mental health treatment.