

Informed Consent for Treatment

I, _____, agree and consent to participate in

PLEASE PRINT

behavioral health services offered and provided at **Wayne Behavioral Service, LLC**; a behavioral health care provider. I understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide within (1) The scope of the provider's license, certification and training or (2) the scope of license, certification and training of the behavioral health care provider directly supervising the services received by the patient. If the patient is under the age of 18 or unable to consent to treatment, I attest that I have legal custody of the individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

Signature of responsible party

Date

Relationship to patient (if applicable)

Wayne Behavioral Service, LLC
401 Hamburg Turnpike, Suite 302
Wayne, NJ 07470