

BAY AREA BEHAVIORAL SERVICES
135 North Moon Avenue
Brandon, Florida 33510

CONSENT FOR TREATMENT

I, (Responsible Party) _____, consent to receiving clinical and therapeutic services from Bay Area Behavioral Services. My signature below authorizes Bay Area Behavioral Services to provide the below checked therapeutic services to me, as well as authorization for Bay Area Behavioral Services to provide these services at the offices of Bay Area Behavioral Services.

- In-Depth Assessment/Intake
- Individual Therapy
- Family Therapy
- Group Therapy
- Treatment Plan
- Treatment Plan Updates
- CFARS/FARS
- Other _____

(Authorized Representative to check each box above)

I understand that I may revoke this consent at any time by providing written notice, and that this consent automatically expires upon client discharge.

Signature of Client

Date

Printed Name of Client

Date

Witness Signature

Date

Witness Printed Name

Date