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CONSENT TO TREATMENT FORM

PATIENT INFORMATION (Please Print)

PATIENT LAST NAME: FIRST NAME: MIDDLE INITIAL: DATE OF BIRTH:

.....
 GUARDIAN LAST NAME: (If Patient is a Minor) FIRST NAME: MIDDLE INITIAL: DATE OF BIRTH:

I, patient or guardian specified in "PATIENT INFORMATION", voluntarily request treatment from Horizon Psychiatry for patient specified in "PATIENT INFORMATION". I have completed the Patient (Patient Name) Registration forms and reviewed the Privacy and Payment Policies. I fully understand these documents and agree to their terms.

I understand that it is important to discuss with my clinician the nature of treatment, which may include diagnostic formulation, methods, estimated frequency and goals. It is also important to discuss any limits there may be to confidentiality.

I understand that information concerning this case can only be discussed with a third party with my consent unless mandated by law, such as in the risk for physical injury or reporting of abuse. I understand that there may be occasions where it would be helpful or necessary for my treatment provider to speak with other health care professionals within Horizon Psychiatry about my case and I authorize such communications unless I specifically request that information not be shared. If information is to be shared with other professionals outside of Horizon Psychiatry I will need to authorize such communications with a written Release of Information.

I further understand that behavioral health treatment offers no guarantee with regard to improvement of my condition. I am aware that I may withdraw from treatment at any time but if I decide to terminate treatment, I understand that it is important to discuss that with my provider first.

I certify that I have read the above Consent to Treatment and that I fully understand and agree with its terms.

.....
 SIGNATURE OF PATIENT

DATE

.....
 SIGNATURE OF GUARDIAN (If Patient is a Minor)

DATE

We strongly believe that a good therapist/patient relationship is based upon understanding and open communication. We have instructed our staff to make every effort to clarify any question or misunderstanding you have concerning your account. We hope to avoid any disagreement over payments for professional services. Financial Agreement