



Sterling Behavioral Health Services, LTD

Patient Name: _____ Date: _____

Informed Consent for Treatment

I, _____ (name of patient), agree and consent to participate in behavioral health care services offered at and provided by Sterling Behavioral Health, LLC, behavioral health care providers. I understand that I am consenting and agreeing only to those services that the provider is qualified to provide within: (1) the scope of the provider's license, certification, and training; or (2) the scope of the 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 eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent to treatment, and I am legally authorized to initiate and consent to treatment on behalf of this individual.

Length of Services

Initial Evaluation and Diagnosis:	45-50 minutes
Subsequent Counseling Sessions:	45-50 minutes
Medication Management Follow-Ups:	10-15 minutes
Marriage and Family Sessions:	45-50 minutes

We will make every effort to ensure that you are seen in a timely manner; however, the doctor may be called for an emergency consult. Please arrive for your appointment on time, or we may need to reschedule your appointment. We appreciate your cooperation and understanding.

Print Patient Name

Signature Patient/Parent/Guardian

Date