

INFORMED CONSENT FORM

Participant/Client Information:

Full Name: _____
Date of Birth: _____
Address: _____
Phone Number: _____
Email: _____

Description of Service, Procedure, or Activity:

I acknowledge that I have been fully informed about the nature, purpose, risks, benefits, and alternatives of the following:

Description:

Date(s) of Service/Procedure: _____

Location (if applicable): _____

Understanding of Risks and Benefits:

I understand the following:

- The potential risks associated with this service/procedure/activity include:

 - The potential benefits include:

 - I have had the opportunity to ask questions, and all of my questions have been answered to my satisfaction.
 - I am aware that I have the right to decline or withdraw consent at any time prior to or during the procedure/service, without penalty (unless prohibited by law or contractual obligation).
-

Confidentiality & Privacy:

All personal information and records will be handled in accordance with applicable privacy laws and regulations. Information will not be disclosed without my written permission, unless required by law.

Voluntary Consent:

I acknowledge that:

- ☒ I am signing this form voluntarily.
 - ☒ I am mentally competent to make this decision.
 - ☒ I understand the information provided in this form.
 - ☒ I agree to proceed with the outlined service/procedure/activity.
-

Signature of Participant/Client:

Signature: _____

Printed Name: _____

Date: _____

If Participant is a Minor or Requires Legal Guardian Consent:

I, the undersigned parent/legal guardian, consent to the above on behalf of the individual listed.

Signature of Parent/Guardian: _____

Printed Name: _____

Relationship to Participant: _____

Date: _____

Notary Section (Recommended):

State of _____

County of _____

Sworn and subscribed before me this ____ day of _____, **20**, by
_____.

Notary Public Signature: _____

Printed Name: _____

My Commission Expires: _____

[Seal]