

Insight Guidance
5049 Swamp Rd, Suite 305, Doylestown, PA 18923

CONSENT TO TREATMENT

The policies and practices of Insight Guidance are described in the document, "Office Policies and Practices 2022." You have been given access to a copy of "Office Policies and Practices 2022" for review located on the Heart of Therapy website.

The purpose of this form is:

1. For you to give your consent, in writing, to receive services from Insight Guidance; or
2. If you are consenting on behalf of your child, for you to give your consent, in writing, for your child to receive services from Insight Guidance.

I/We understand the following:

- That our decision to seek services from Insight Guidance is voluntary.
- I have read the document entitled, "Office Policies and Practices 2022," and I understand the policies and procedures detailed in it.
- I agree to adhere to the policies and procedures detailed in this document and I consent to receive services from Insight Guidance.
- That I/we have been fully informed about the nature, risks and benefits of treatment, and the availability of treatment options.
- That I/we have had the opportunity to have all questions answered to my/our satisfaction.
- That I am legally competent and have the authority to provide consent for treatment.
- That I have the right to withdraw my consent for this treatment at any time.
- That Insight Guidance may receive professional consultation regarding patient care.
- I consent to have Insight Guidance disclose my private information to consultants and colleagues for the purpose of professional consultation.

Please sign below to indicate that you agree with all statements above and that you consent to receive services from Insight Guidance.

Signature _____ Date _____

Print Name _____