OSANA
MENTAL HEALTHCARE & COUNSELING SERVICES

DR. LETTICA JOHNSON-HIGHSMITH, DNP, APRN, PMHNP-BC, FNP-C
1601 MAIN STREET STE. 211 RICHMOND, TX 77469
OFFICE: 832.847.4836 / FAX: 832.847.4852
WWW.OSANAMHCS.COM

CONSENT TO TREATMENT

I hereby give my permission for Osana Mental Healthcare & Counseling Services to give me medical treatment.

I allow the Osana Mental Healthcare & Counseling Services to file for insurance benefits to pay for the care I receive.

I understand that:

- ✓ Osana Mental Healthcare & Counseling Services will have to send my medical record information to my insurance company.
- ✓ I must pay my share of the costs.
- ✓ I must pay for the cost of these services if my insurance does not pay or I do not have insurance.
- ✓ I have the right to refuse any procedure or treatment.
- ✓ I have the right to discuss all medical treatments with my provider.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU UNDERSTAND THIS FORM DESCRIBED ABOVE.

_____ _____
Client Printed Name Date

_____
Client Signature

If Client is a minor, please sign below:

_____ _____
Legal Guardian Printed Name Date

_____
Legal Guardian Signature