

**Consent to Service**

I \_\_\_\_\_ hereby authorize Heuristic Healing Inc. to provide the following services.

I have had my rights and responsibilities as a Consumer of Heuristic Healing Inc. fully explained to me.

As a result, I am aware of my rights to refuse services and have had the consequences of such explained to me.

I am also aware of my right to choose alternative services with the understanding that they must be both appropriate and available.

My right to confidentiality has been fully explained and I understand that records and communication may only be disclosed with my written consent, except by law. I have been informed that disclosure without my consent will only occur in instance of child or elder abuse and when I am perceived to be a threat to myself and or others.

I have been informed that except for the Counseling Program, I may choose to have family or significant others involved in my service/treatment plan.

I authorize Heuristic Healing Inc. to provide information regarding my treatment/services to the following individuals:

I understand that I may withdraw my consent and discontinue services at any time.

All the above has been explained, all my question have been answered and I have been provided with a copy of this form.

Signature of Consumer \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

Signature of Counselor/Case Manager \_\_\_\_\_ Date \_\_\_\_\_