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Consent for evaluation and treatment: Consent is hereby given for evaluation and treatment under the terms described in this consent document. I acknowledge that I have a digital or printed a copy of this informed consent agreement for myself. It is agreed that either of us may discontinue the evaluation and treatment at any time and that you are free to accept or reject the treatment provided.

Signature: _____ Date: _____

In the case of a minor child, please specify the following:

Full name of minor : _____ **DOB** _____ **Relationship:** _____

Signature: _____ Date: _____

Signature: _____ Date: _____

*** Confidential - contains Privileged Communications protected under A.R.S. § 32-3283 and Federal Confidentiality Rules (42 CFR Part 2 & 45 CFR Parts 160 & 164) - Unauthorized disclosure is prohibited ***