



Consent for Treatment Signature Page

I affirm I have read and understand the policy statements detailed in the document Chime Mental Health Services Informed Consent Information (revised 07.10.2021) and am hereby requesting and consenting to mental health treatment including counseling.

I, _____ hereby request mental health services from Chime Mental Health Services and understand and agree to all practices as described in the aforementioned document. I understand that receipt of these services is fully voluntary and that I may withdraw this consent and terminate services at any time, for any reason.

Client Signature Date

Witness Signature Date

Parent/Guardian (if appropriate) Date

Good Faith Estimate Signature Page

I, _____ acknowledge by signing this form I was provided with the form labeled 'Good Faith Estimate.'

If you have any questions related to this form, you are encouraged to ask your provider at any time during the therapeutic relationship.

Client Signature Date

Witness Signature Date

Telehealth Consent Signature Page

I, _____, consent to engaging in telehealth with Chime Mental Health Services as a part of the therapy process and my treatment goals. I understand that telehealth psychotherapy may include mental health evaluation, assessment, consultation, treatment planning and therapy. Telehealth will occur primarily through interactive audio and video using a HIPAA compliant website platform identified by your provider.

By signing this form, you agree you understand the information contained in this consent and I'm choosing to do telehealth on a voluntary basis.

Signature of Client Date

Signature of Parent/Guardian (if applicable) Date

Witness Date

Patient Bill of Rights and Grievance Procedure

I, _____ have been given a copy of the Patient Bill of Rights which outlines the grievance procedure as a client of Chime Mental Health Services. I have and will read these rights and procedures and understand that staff will respect my right to seek clarification and will answer questions clearly and respectfully.

Client Signature Date

Witness Signature Date

Parent/Guardian Signature Date