

Chime Mental Health Services

PO Box 121

Wells, MN 56097

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: _____

Witness Signature: _____