Produce Opportunities Which Embrace Rehabilitation, (POWER) LLC

Private Practice - Virtual Office Location

Office Telephone: (410)240–4174

Email: powerprivatepracticellc@gmail.com

Consent to Treatment Agreement Form

I agree to participate in treatment with and through Produce Opportunities Which Embrace Rehabilitation, (POWER) LLC., I understand that this treatment will be for the purposes of increasing my/my child's mental health and physical welfare. I understand that I have the right to have any medication or prescription recommendations explained to me in full, and that I have the right to review medications with my psychiatrist or nurse representative.

I understand that I have the right to ethical and fair treatment given, without regard to my race, religion, ethnic origin, sexual orientation and/or color.

I understand that I have the right to appeal any decision made in my/my child's treatment by first, discussing it with my primary treating professional.

I understand that I may refuse treatment within twenty-four (24) hours' notice. I understand that if I choose to refuse treatment or to rescind this agreement for treatment against medical advice, I will hold Produce Opportunities Which Embrace Rehabilitation, (POWER) LLC., blameless and harmless for any pain or suffering, I/my child may incur as Policy, Grievance Process and Discharge Policy for my review.

(Client's Parent/Guardian, if under 18 y/o)

Client Signature Date

Parent/Guardian Date