

Venture Forthe, Inc.
Informed Consent for Treatment

I give consent for evaluation and treatment to be provided for myself,
_____ for the following HCBS
service(s):

I am choosing to take part in the service(s) to manage my recovery based on needs identified in my Plan of Care.

I am aware that accepting these services by Venture Forthe, Inc. is my choice and that I may rescind these services at any time.

My signature below shows that I understand and agree with all of the above statements. I have had the opportunity to ask questions about the treatment process.

Signature of Client or Parent/Guardian

Date

Printed Name

Relationship to Client (if applicable)