



Consent For Treatment

Individual Name (last/first): _____ MRN: _____ Date of Birth: _____

NOTE: Please read the following statement carefully and ask any questions you wish to help you to understand each statement.

Consent remains in effect for the duration of your treatment unless withdrawn

Your signature at the bottom of this form indicates agreement with each statement, and is your permission to us to provide services as indicated below.

I authorize MORC, Inc. and its contract providers to render treatment as necessary and proper, which includes the exchange of health care information required for the providers to deliver services.

I consent to MORC disclosing information made confidential by state and federal privacy laws to other providers for treatment coordination purposes and to applicable health plans/funding sources in connection with health care operational and payment activities as applicable.

I understand that treatment will be outlined in a mutually agreed upon Treatment Plan and that my participation in the development of this Plan is essential.

I understand that through the course of treatment, I will be assisted in understanding all procedures used, any possible risks, the purposes of treatment, any related discomfort, the reasonably expected benefits, and any alternatives to outpatient treatment, which may be helpful.

I have been advised that the MORC, Inc. staff that provide treatment have the qualifications required to deliver services.

I understand that if I am the parent of a minor, that I may be expected to participate in my child's treatment.

I understand that this consent may be withdrawn at any time by providing written notification to the MORC, Inc. Privacy Officer. It is also understood that a withdrawal of this consent would result in the immediate termination of all services provided by MORC Inc.

Signature of individual, if legally empowered to act on own behalf

Date

Signature of legal representative
(specify relationship e.g. mother, father, guardian, etc.)

Date

Signature of witness
(Required when a full signature is not used)

Date