

Consent Form for Mental Health Intervention Services

Date: [Insert Date]

Client Name: [Insert Client Name]

Client Address: [Insert Client Address]

Provider Name: [Insert Provider Name]

Provider Address: [Insert Provider Address]

Purpose of Consent

This form is to obtain your consent for participation in mental health intervention services. The services may include assessment, individual counseling, group therapy, and crisis intervention.

Services Provided

- Assessment of mental health needs
- Individual and group therapy sessions
- Crisis intervention and support

Confidentiality

All information shared during the intervention services will be held in strict confidentiality, in accordance with applicable laws and ethical guidelines.

Client Rights

You have the right to withdraw your consent at any time without any penalty or loss of benefits to which you are otherwise entitled.

Consent Statement

By signing below, I acknowledge that I have read and understand the information provided and give my consent to participate in the mental health intervention services.

Client Signature: _____

Date: _____

Contact Information

If you have any questions or concerns, please contact:

[Insert contact information]