DEI'S CARE
BIBLICAL CARE FOR CHILDREN WITH AUTISM

Consent for Treatment

By signing below, you agree to be a parent, guardian or authorized person to consent treatment for:

Client Name: _____

DOB:_____

Your signature authorizes the staff of Dei's Care to provide clinical services that is all inclusive of the client's treatment plan. This is including, but not limited to, consultation, treatment planning, and progress monitoring. If you desire to end treatment at any time a written notice must be received in our office. The client will continue receiving treatment up until then.

Authorized Person (Please Print) _____
Relationship_____

Signature:_____
Date_____

Witness (Please Print)
_____

Witness Signature: _____
Date_____

We may update this policy from time to time, please check the date given below for the latest update. Last updated 5/1/20