## **Crisis Intervention Services Consent Form**

## **Client Information**

Name
Date of Birth
Contact Information
Description of Services
Confidentiality
Confidentiality
Consent Agreement
I acknowledge that I have read and understood the information provided above.
Leave out to posticipate in Cuicia later vention Comisso
I consent to participate in Crisis Intervention Services.
Client Signature
Date
Provider Signature
Flovider Signature
Date