

Outpatient Substance Abuse Treatment Consent

Client Information

Client Name

Date of Birth

Date

Consent to Outpatient Treatment

I hereby give my consent to participate in outpatient substance abuse treatment, including individual and/or group counseling, education, and related services as recommended by my treatment provider. I understand that participation is voluntary and that I may withdraw at any time.

Confidentiality

I understand that information shared during treatment is confidential and will not be released without my written permission, except as required by law in cases of danger to self or others, or as otherwise legally required.

Risks and Benefits

I understand that outpatient treatment may involve discussing difficult topics, which can sometimes cause emotional distress. Potential benefits include gaining support, education, and skills for recovery.

Client Signature

Date

Provider/Witness Signature

Date