

# Residential Substance Abuse Program Consent Form

## Participant Information

Full Name

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Date of Birth

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Address

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Phone Number

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## Program Information

Program Name

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Start Date

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Expected End Date

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## Consent Acknowledgement

- ☐ I voluntarily agree to participate in the Residential Substance Abuse Program.
- ☐ I authorize the program staff to provide necessary care and support.
- ☐ I understand the rules and requirements of the program.
- ☐ I consent to the collection and sharing of relevant health information within legal limits for my care.
- ☐ I understand my participation is confidential, unless disclosure is required by law.

## Signature

Participant Signature

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Date

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Staff/Witness Signature

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Date

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