

Substance Abuse Treatment Consent Form

Client Name

Date of Birth

Treatment Consent

I hereby consent to participate in substance abuse treatment and related services as recommended and provided by the treatment facility and its staff. I understand the nature, objectives, benefits, and potential risks of this treatment:

Confidentiality

I understand that my records will be kept confidential as required by law, except in circumstances where disclosure is required:

Voluntary Participation

I acknowledge that my participation in treatment is voluntary, and that I may withdraw consent at any time:

Other Information (if any):

Client Signature

Date:

Staff/Witness Signature

Date:

