

**CONSENT FORM**

Patient Name: \_\_\_\_\_

This form must be completed before services can be initiated. If the client is under the age of 18 years, this form must be signed by all legal guardians.

**Consent for Treatment:**

I hereby attest that I have voluntarily entered/or given consent for the minor or person under my legal guardianship, to into treatment at Omni-Communication. I understand that I may terminate these services at any time.

**Receipt of Policies and Procedures:**

I hereby attest that I have received a copy of Omni-Communication's *Policies and Procedures*. This document included information regarding payment and attendance policies, which I have read, understand and consent to be bound by its content.

**Receipt of Patient Rights and Responsibilities:**

I hereby attest that I have received a copy of the *Patient Rights and Responsibilities* notice and have read and completely understand my rights as a patient at Omni Communication

**Receipt of Privacy Policy and Consent for Disclosure of Health Information:**

I have received a copy of Omni Communication's *Notice of Privacy Policies*, which details how my/my child's medical record may be used or disclosed under Federal and State law.

I understand that Omni Communication reserves the right to change their privacy practices that are described in the Notice. I also understand that a copy of any revised notice will be made available to me upon request.

**By signing below, you are attesting to the accuracy of the above statements including all consents and authorizations implied. A copy of this agreement is available upon request.**

\_\_\_\_\_  
Patient signature (if over 18 years of age)  
For Minors:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date