

RICHMOND THERAPY CENTER

HENRY E. MORRIS, Ph.D.

Licensed Clinical Social Worker
2008 Bremo Road, Suite 103
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TREATMENT CONSENT FORM

I, _____, for _____, do voluntarily
(myself or child's name)

consent to care and treatment by Dr. Henry Morris and his associates. I am aware that the practice of clinical social work is not an exact science and I acknowledge that no guarantees have been made as to the results of the evaluation or treatment.

I am aware that I am an active participant in this endeavor and I share the responsibility for the treatment process, including goal setting and termination.

This form has been read by me and I certify that I understand its contents.

*
 _____ Date
 Person agreeing to treatment/Patient

 _____ Date
 Parent/Guardian

 _____ Date
 Witness

Release for Coordination with Primary Care Physician:
 For the purpose of coordinating care, my mental health provider may wish to release pertinent information about my current treatment to my primary care physician. This release shall be valid until sixty (60) days after my last date of treatment or until the time I revoke this release, which can be done at any time.
 (Check one) I do () I do NOT () give my permission to Dr. Henry Morris and his associates to release information about my current treatment to my primary care physician.

I have read the above, and marked my decision.

*
 _____ Date
 Patient (Guardian) Signature

 _____ Date
 Signature of Witness

EXPLANATION OF CONSENT FORM

This consent form is designed to cover all procedures performed by Dr. Henry Morris and his associates. The courts have uniformly held that a patient can recover, despite consent, if he or she can show that the professional guaranteed the success of treatment and the procedures were not successful. The second paragraph in the consent form provides evidence that no such guarantee was made. The last paragraph satisfies the requirement that the consent is given only after a full explanation. By signing this form, you acknowledge that you understand your consent to treatment as stated above.