Consent for Treatment and Services

Harris Teen Home

Youth name

Date of birth

I, the parent or legal guardian identified below, voluntarily authorize Harris Teen Home to arrange or provide the treatment and services selected below. I understand that no guarantee has been made regarding the results of any service. This consent remains effective for one year from the signature date unless an earlier expiration date is entered below. I may revoke this consent in writing at any time, except to the extent action has already been taken in reliance on it.

Service authorization

Service	Consent given - initials	Consent denied - initials
Routine medical care and physical examinations		
Psychiatric or mental health services		
Dental services		
Vision services		

Authorization period and insurance information

Earlier expiration date (optional)

Insurance or Medicaid plan name

Subscriber's name

Policy or Medicaid number

Acknowledgment and signatures

By signing, I confirm that I understand the services offered and that this form was explained in language I understand.

Parent or legal guardian name

Relationship to youth

Signature date

Parent or legal guardian signature