ELKA HC Services

Together We Serve Our Community

CONSENT FOR TREATMENT

I _____, give permission to **ELKA HC Services, LLC (ELKA)** to provide Mental/Behavioral Health Services to myself/minor/my child.

I understand the benefits and risks of these services as well as the alternatives to recommended services and/or treatment. Unless specifically stated otherwise, this consent expires upon completion of these services from **ELKA** I understand that I am free to withdraw consent for services at any time.

I agree to receive services of the type and frequency defined in my Individual Rehabilitation Plan:

LIABILITY WAIVER

I hereby agree to release and hold harmless from any liability, **ELKA**. including its paid and volunteer staff, members or its Board of Directors, Chief Executive Officer, and their heirs, executors and administrators, and any other agents or representatives of **ELKA** for any claim or cause of action of any kind, including specifically, personal injury which may occur while participating in any program or activity of any kind conducted, approved, organized, or sponsored by **ELKA**, or its representatives, these programs or activities including but not limited to field trips and transportation to and from said programs or activities.

I am consenting to provision of either of the following services with ELKA:

- ☐ Outpatient Mental Health Services
- ☐ Medication Management Services
- ☐ Psychiatric Rehabilitation Services
- ☐ SUD Services

I would like these services to be rendered: ☐ On-Site ☐ Off-Site ☒ On-Site and Off-Site

I understand that records kept will be held in strict confidentiality as required by COMAR regulations and the State of Maryland

I give ELKA HC Services, LLC permission to share and release confidential information with:

_____

In case of a medical emergency, I authorize **ELKA** to transport me, or my child to the nearest Emergency Medical Treatment center and contact myself or the child's emergency contact. ☐ Yes

I have been informed of, understand and agree to the Consent for Treatment explained above:

Client Name (Print), Signature	**Date**
Guardian Name (Print), Signature	**Date**