

**STATEMENT OF CONSENT and
AGREEMENT TO ENTER TREATMENT**

- A. I, the undersigned, agree and consent to participate in the mental health services offered and provided by the Samaritan Health and Living Center Inc., mental health provider, as defined in Indiana law.
- B. I understand that I am consenting and agreeing only to those mental health services that the provider is qualified to provide within:
 - (1) the scope of the provider's license, certification, and training; or
 - (2) the scope of license, certification, and training of those mental health providers directly supervising the services received by the client.
- C. I hereby authorize my insurance benefits to be paid directly to The Samaritan Center, realizing that I am responsible to pay any non-covered services.
- D. I hereby authorize the release of pertinent medical information as requested by my insurance carriers.
- E. I understand that the Samaritan Center may employ a collection agency or an attorney in the collection of overdue accounts.

I have read and agree to the policy and consent statements:

Clients Name (Print)

Client Signature (or Guardian for minors)

Date