

Charlotte McCall LCSW, BCD
80 Eureka Square 635 Miramontes 510-220-4541

Application for Services and Consent to Treatment

I hereby make application for myself, or my minor child, to receive care and treatment voluntarily from Charlotte McCall, LCSW.

I understand that such care and treatment may consist of an evaluation process and mental health services.

My consent to care and treatment does not waive my civil rights; I reserve the right to decline treatment against medical advice.

I further understand that I have the continuing right to an explanation

of the treatment to be administered, and that my records are confidential under Federal and State law, and will not be released to outside individuals of agencies without my expressed written authorization. However, I realize that certain information may be released without my authorization under circumstances described in the Mental Health Notice of Privacy Practices and Psychotherapist Client Contract Information.

I have read the above and agree to accept treatment for myself/my child, and further agree to all conditions set forth herein. I acknowledge that I have received a copy of this agreement.

Client Signature

Acknowledgement of Receipt of Notice of Privacy Practices and Psychotherapist Client Contract Information.

I acknowledge that I have received a copy of Notice of Privacy Practices and Psychotherapist Client Contract Information from Charlotte McCall.

N/A

Client Signature