



Ascension Behavioral Healthcare, P.A.

CONSENT FOR DIAGNOSIS AND TREATMENT

Patient: _____ Chart # _____

I hereby authorize authorities of Ascension Behavioral Healthcare, P.A. and the provider in charge of my case to administer such medications and perform such procedures as may be deemed necessary.

As of November 2, 2015, the procedures mentioned above may include asking to provide a urine sample after you check in. This is a new standard of care that we will be starting in order to monitor prescription drug levels within the body. This will further help the providers to prevent accidental prescription interactions and to improve the quality of care that you continue to get from our facility. Failure to comply with treatment is grounds for dismissal from the practice.

Patient / Legal Guardian Signature

Date