*Jennifer M. Shuart, LICSW, PMHNP-BC, APRN*

*Stepping Stones to Well Being, LLC*

**Global Consent to Treatment**

An important part of treatment, regardless of the proposed intervention or discipline, is that both parties understand and agree that they are working together. Part of working together is an understanding that all services received by Jennifer M. Shuart through Stepping Stones to Well Being, LLC are voluntary and are able to be discontinued/terminated at any time in the future.

Additionally, as part of appropriate, individualized, comprehensive, and professional care: all treatment plans, regardless of if they are for psychopharmacology intervention or individual therapy, are created with an explanation and review of the potential risks, benefits and alternatives to treatment that are available.

By initialing next to each policy, I am verifying that I have read and understood the various policies and procedures as they pertain to services.

\_\_\_\_\_\_\_ Attendance Policy

\_\_\_\_\_\_\_ Bill of Rights

\_\_\_\_\_\_\_ Financial Policy

\_\_\_\_\_\_\_ Program Philosophy

\_\_\_\_\_\_\_ Release of Information

\_\_\_\_\_\_\_ Schedule II and IV Medications

Client name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jennifer M. Shuart: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_