

Permission to Treat

Client Name: _____

Date of Birth: _____

Requirement Information:

Entered With: Agency Placement

Actual Date: _____

I give Catholic Charities of the Diocese of Sioux City, IA, permission to provide mental health therapy services to _____ (Client).

Legal restrictions concerning the client and documentation needed for files. Any question marked YES, will require a copy of the written document.

Is there a guardianship/custody document?

- Yes
 No

Is there a power of attorney document?

- Yes
 No

Is there a conservatorship document?

- Yes
 No

Is there a mental health commitment document?

- Yes
 No

Is there a court order concerning the client?

- Yes
 No

Documentation concerning client is on file? (Client cannot be seen until this is obtained)

- Yes
 No
 N/A

Additional Information/Signatures:

Mother's Name: _____

Mother's Signature: _____

Father's Name: _____

Father's Signature: _____

Guardian's Name: _____

Guardian's Signature: _____