

Manfred J. Melcher, MSW, LCSW

Licensed Clinical Social Worker
CA license 74175

126 Clock Tower Place Suite 214
Carmel, CA 93923

Office Phone: (831) 402-5115

Consent for Treatment

1. **Consent to Treatment:** I voluntarily consent that I will participate in a mental health evaluation and treatment by Manfred J. Melcher, MSW, LCSW. I understand that following the evaluation, complete and accurate information will be provided concerning each of the following areas:
 - a. The benefits of the proposed treatment
 - b. Alternative treatment modes and services
 - c. The manner in which treatment will be administered
 - d. Expected side effects from the treatment (when applicable).
 - e. Probable consequences of not receiving treatment

The evaluation or treatment will be conducted by Manfred J. Melcher, MSW, LCSW. Treatment will be conducted at 126 Clock Tower Place, Suite 214, Carmel, CA 93923.

2. **Benefits to Evaluation/Treatment:** Evaluation and treatment may be administered with biopsychosocial assessment, mental status exam, and the provision of a client-specific treatment plan (psychotherapy). Expectations regarding the length and frequency of treatment will be discussed. It may be beneficial to me, as well as the referring professional, to understand the nature and cause of any difficulties affecting my daily functioning, so that appropriate recommendations and treatments may be offered. Uses of this evaluation include diagnosis, evaluation of recovery or treatment, estimating prognosis, and education and rehabilitation planning. Possible benefits to treatment include improved cognitive or academic/job performance, health status, quality of life, and awareness of strengths and limitations.
3. **Charges:** All fees for provided services are the responsibility of the client. Manfred J. Melcher, MSW, LCSW is not a contracted provider for any insurance carrier.
4. **Confidentiality, Harm, and Inquiry:** Information from my evaluation and/or treatment is contained in a confidential medical record at the offices of Manfred J. Melcher, MSW, LCSW, and I consent to disclosure for use Manfred J. Melcher for the purpose of continuity of my care. Per California mental health law, information provided will be kept confidential with the following exceptions: 1) if I am deemed to present a danger to myself or others; 2) if concerns about possible abuse or neglect arise; or 3) if a court order is issued to obtain records.
5. **Right to Withdraw Consent:** I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.
6. **Expiration of Consent:** This consent to treat will expire 12 months from the date of signature, unless otherwise specified.

I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment. I also attest that I have the right to consent for treatment. I understand that I have the right to ask questions of my service provider about the above information at any time.

Signature of client

Date

Manfred J. Melcher, MSW, LCSW

Date