



**CONSENT TO TREAT**

I agree and consent to participate in mental health services offered and provided by The Cottage at 933, mental health provider as defined by Indiana law.

I understand that I am consenting and agreeing only to those mental health services that the provider is qualified to provide within the scope of the provider’s license, certification, and training.

I hereby authorize my insurance benefits to be paid directly to The Cottage at 933 realizing that I am ultimately financially responsible to pay any non-covered services.

I hereby authorize the release of pertinent medical information as requested by my insurance carriers.

I understand that The Cottage at 933 may employ a collection agency or an attorney in the collection of overdue accounts.

I have read and agree to the policy and consent statements:

\_\_\_\_\_  
Clients Name (Print)

\_\_\_\_\_  
Client Signature or (Guardian for Minors)

\_\_\_\_\_  
(Date)