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EAP Consent to Treat

I hereby voluntarily consent to all treatment provided by Southwestern Behavioral Healthcare, Inc. as deemed necessary by my provider(s).

I understand that I have the continuing right to an explanation of the nature and purpose of the treatments administered, the possible alternative methods of treatment, the risks involved and the possibility of complications.

It is also my understanding that I may voice any dissatisfaction with treatment through channels established by Southwestern Behavioral Healthcare, Inc. and that I may refuse treatment offered by Southwestern Behavioral Healthcare, Inc.

Patient Printed Name

Patient or Guardian Signature

Date

Witness Signature

Date

I have been provided the Southwestern Behavioral Healthcare, Inc. Notice of Privacy Practices for Protected Health Information (PHI).

Patient or Guardian Signature

Date