

Compass Clinical Associates, PLLC
2500 82nd Place
Urbandale, Iowa 50322

Informed Consent for Treatment

I _____, agree and consent to participate in behavioral health services offered and provided by the staff of Compass Clinical Associates, PLLC, a behavioral health care provider. I understand that I am consenting and agreeing only to those services that the staff member is qualified to provide within: (1) the scope of the provider's license, certification, and training; or (2) the scope of license, certification, and training of the behavioral health care providers directly supervising the services received by the patient.

I understand that staff is available by phone during normal business hours. Staff is also available after hours by our "**After Hours Phone Contact System**". It is understood that our staff uses an on-call rotation of qualified clinical staff that may or may not be my current clinician.

If the patient is under the age of eighteen or unable to consent to treatment, I attest that I have the legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

Signature _____ Date _____

Relationship to Patient (if applicable): _____