

Brain Performance & Psychology Center

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Indianapolis, IN 46290

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Consent for Mental Health Services

I, the undersigned, agree and consent to participate in the mental health service offered and provided by

_____,
a mental health provider or psychologist, as defined in Indiana law.

I understand that I am consenting and agreeing only to those mental health services that the above named provider is qualified to provide within:

- (a) The scope of the provider's license, certification, and training; or
- (b) The scope of the license, certification, and training of those mental health providers directly supervising the services received by the patient.

Patient's Name: _____

Parent/Legal Guardian (If patient is a minor): _____

Witness: _____ Date: _____