

Behavioral Health Patient Contract Refusal of Treatment Recommendation

I hereby acknowledge that my behavioral healthcare provider _____ has made the following treatment recommendation:

I have been informed of the nature and advisability of this recommendation. I have also discussed the risks and complications of not following through with this recommendation as well as the probable benefits of this referral.

Notwithstanding the recommendation of my behavioral healthcare provider, I hereby decline the above treatment referral. I hereby release the clinic, its personnel and my healthcare providers from any responsibility whatsoever for unfavorable results which I understand may occur as a result of my refusal to follow up with these recommendations for treatment.

Date: _____ Patient/Guardian: _____

Time: _____ Relationship to Patient: _____

Witness: _____