

**Staley Psychiatric Nurse Practitioner PLLC**

**187-18 Linden Boulevard, St Albans, NY 11412. PH (347) 894-8111**

**CONSENT FOR TREATMENT**

**I voluntarily agree to receive evaluation/mental health treatment, evaluation/chemical dependency treatment, and/or evaluation/ training-coaching-education services by the staff of Staley Psychiatric Nurse Practitioner PLLC. I understand and agree that I will participate in my treatment and/or withdraw my consent for treatment at any time.**

**Signed: \_\_\_\_\_**

**Printed Name: \_\_\_\_\_**

**Date: \_\_\_\_\_**