

PIPBHC Brief Treatment Consent Form

Congratulations on taking the first steps in choosing to live a healthier lifestyle. Today, we will spend about an hour together to discuss your lifestyle and the impact substance use may have on your goal of becoming healthy. You may receive some benefits from your session including talking about your health and quality of life. You may even make some choices that will have a positive effect on your health. At the same time, you may experience sadness as we talk through situations and may find that not all of your issues have been resolved. If you choose, we can schedule some future sessions depending on your wellness goals. At the end of our session today or future sessions, you may choose to have further treatment. If you do, I can assist you in getting the treatment that you choose and meets your health goals. If anything we discuss makes you feel uncomfortable, you do not have to answer the questions. If you choose to not come back for further sessions, it is your choice.

I have read and understand the benefits of brief treatment along with the aspects that may be uncomfortable. I understand that my participation is voluntary.

Patient signature

Date

Staff signature/Agency

Date

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