



Pechanga Tribal TANF Program

P.O. Box 1477 • Temecula, CA 92593 • Telephone (951) 770-6000

Consent for Treatment and/or Evaluation

Please read the following carefully. Clients must sign below before beginning treatment or testing. When you sign this form you agree to be treated and/or tested.

1. I, (PRINT YOUR NAME) _____
- ☐ as the patient
- ☐ as the legal guardian for (PRINT PATIENT'S NAME) _____
- (PLEASE ENTER PATIENT'S DATE OF BIRTH) ____/____/____

knowing that I want mental health services for myself and/or child, do hereby consent to receiving services from Pechanga Tribal TANF's Program.

2. I have been informed of the professional standards for trained mental health personnel that strictly limit releases from client records. I understand that all information in my file is kept in accordance with the strictest rules of confidentiality and may not be shared outside the facility without my written consent.
3. Treatment plans will be created with my mental health providers and reviewed with me and/or my child.
4. I hereby, release/waive and discharge the Pechanga Tribal TANF's counseling services and their agents, employees, or other representatives, from all responsibility and damages regarding injury or harm to myself and/or my child.
5. This form and its meaning have been discussed and explained to me by an employee of the Pechanga Tribal TANF program.

I have read the above and fully understand its contents in its entirety. I also understand that I have received a copy of my or the patients assessment for my permanent records.

Client's Printed Name: _____

Client's Signature: _____ Date: _____

PTTP Caseworker Signature: _____ Date: _____