A & A Medical Centre

555 Finch Ave. West

Toronto, ON

M2R 1N5

Informed Consent for Social Work

I hereby acknowledge and provide my informed consent for Social Work treatment with the understanding that Social Worker will provide my treatment be it individual, couples or family.

I acknowledge that Social Worker has provided me with such information that is important to the treatment.

I understand that I may change my mind regarding any aspect of my treatment at any time, and, upon informing A & A Medical Centre of my decision, I may withdraw consent with the intent to alter or discontinue treatment.

In compliance with the “Consent to Treatment Act”, I provide my full, voluntary, informed consent to treatment.

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| Client name: |  |

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| Client signature: |  |

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| Date: |  |

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| Social Worker: |  |