CMU HEALTH
CENTRAL MICHIGAN UNIVERSITY

3201 Hallmark Court
Saginaw, MI 48603
Phone: 989-286-3330
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CONSENT FOR TREATMENT

I consent to treatment for myself or for the patient for whom I am the parent, guardian or legal representative. I understand that CMU Health Behavioral Medicine will share patient health information according to federal and state law for treatment, payment, and operations.

I understand that the patient is responsible for all charges incurred, regardless of the patient's insurance status. The patient agrees to pay for services as the patient incurs the charges. I authorize the insurance provider to pay **CMU Health Behavioral Medicine** for services rendered.

Patient Signature	Date
Parent/Guardian/Legal Representative Signature	Date
Witness Signature	Date