

Positive Outcomes Psychological Services, P. C.  
Harvey L. Gayer, Ph.D., GCSP, Director  
Licensed Psychologist (GA 2137)  
Nationally and State Certified School Psychologist  
485 Huntington Rd., Suite 201, Athens, GA 30606  
Office 706-546-8440 Fax 706-546-8456

## Informed Consent for Treatment

**Patients Name:** \_\_\_\_\_

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

**I, \_\_\_\_\_ (name of patient), agree and consent to participate in behavioral health care services offered and provided at/by Dr. Harvey Gayer. I understand that I am consenting and agreeing only to those services that the above-named provider is qualified to perform within: (1) scope of the provider's license, certification, and training; or (2) the scope of license, certification and training of the behavioral health care providers directly supervising the services received by the patient. If the patient is under the age of eighteen (18) or unable to consent to treatment, I attest that I have legal custody of the above named individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.**

**Signature:** \_\_\_\_\_

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

**Relationship to Patient (if applicable):**

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