



## CONSENT FOR TREATMENT

I voluntarily agree to receive a mental health, behavioral health, and/or substance abuse assessment, whichever is deemed appropriate to the presenting problem. I also voluntarily agree to participate in substance use disorder treatment, co-occurring disorders treatment, and/or mental/behavioral health treatment or therapies, and for discharge/aftercare planning by the staff of Hopedealers Worldwide, Inc., to take place **primarily** on the grounds of the facility located at:

Hopedealers Worldwide, Inc.  
1558 Marietta Hwy, Suite 200  
Canton, GA 30114

I understand and agree that I will participate in my treatment plan, and that I may discontinue treatment and/or withdraw my consent for treatment at any time.

Client Signature:

Staff Signature:

NOTE: All information developed during the course of my treatment is Protected Health Information as defined by Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule and Hopedealers Worldwide, Inc. is a covered entity of this rule.