



# TRIANGLE CENTER FOR EMOTIONAL WELLNESS, PLLC

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## *CONSENTS/RIGHTS INFORMATION*

### **I. Consent for Treatment**

I hereby give my consent for **Triangle Center for Emotional Wellness, PLLC** to provide mental health and/or substance abuse services to me/my child. I have been informed of the scope and purpose of the service, and understand that I may withdraw my consent at any time. I understand I may also refuse any services offered at any time.

Client/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **II. Financial Release**

I understand that you may use confidential information about me to bill and be paid for services. I hereby consent for **Triangle Center for Emotional Wellness, PLLC** to release information to the billing agent, /or to a funding source, and for the funding source to release information to **Triangle Center for Emotional Wellness, PLLC** for this purpose.

Client/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **III. Permission to Seek Emergency Medical Care**

I hereby give consent for **Triangle Center for Emotional Wellness, PLLC** to seek and sign consent for emergency medical care in the event that I am in their care and become incapacitated or unable to do so for myself.

Client/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**IV. Client Rights/Grievance Policies**

I have received and had explained to me the Client Rights information. A representative of **Triangle Center for Emotional Wellness, PLLC** gave me this information and verbally explained my rights as a client.

Client/Parent/Guardian: \_\_\_\_\_

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