

ATTENTION HOLMAN PROVIDER

Informed Consent

By receiving and accepting this authorization for treatment of a Holman enrollee, you attest to, and accept, the enrollee's right of informed consent for continuation of treatment and confidentiality. You agree to provide and inform the enrollee of their rights and options for continued treatment and the confidentiality provided the enrollee. If continued treatment is deemed appropriate or necessary, the enrollee may exercise his/her option to continue treatment with you or to select a different provider. If enrollee decides to continue treatment with you, please send a renewal form to the Holman Group for additional authorizations. If an enrollee decides that an alternative provider would better meet his/her needs, please advise the enrollee to contact the Holman Group's Intake Department at (800) 321-2843. An Intake Specialist will assist the enrollee with their alternative provider selection.

Please have enrollee sign the bottom portion of this page and retain this document in your case file for this client.

My provider has explained to me my right of informed consent for continuation of treatment and confidentiality.

Enrollee

Date