



### CONSENT FOR SERVICES

**WestBridge Community Services** provides services to individuals who have co-occurring mental illness and substance use disorders. The staff members are trained to provide appropriate treatment as needed to help individuals and families who experience these conditions.

I, \_\_\_\_\_ agree to receive services as offered by **WestBridge Community Services**. These services may include evaluation, assessment, therapies, referral, and crisis intervention.

I understand that in case of a medical emergency, the staff may provide first aid. I also understand that if it is necessary for me to be transported to a hospital emergency room or other emergency facility, WestBridge staff may arrange for my transportation.

I also will hold harmless the WestBridge Community Services against any liability caused by the implementation of any emergency procedures and/or contacts. I will assume full responsibility for all emergency treatment expenses.

\_\_\_\_\_  
Participant/Legally Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date