



**GENERAL CONSENT FOR TREATMENT
(To be done annually)**

I hereby give the Southwest Community Health Center, Inc. and its Medical / Behavioral Health / Dental providers my consent for any necessary medical / dental / behavioral health evaluation and treatment.

I hereby agree that I am responsible for the balance due on my account regardless of insurance or third party accommodations.

In the event of delinquency, I will be responsible for all collection cost, court cost and legal fees associated with my balance.

Patient Signature

Date

Parent/ Legal Signature

Date