

SEQUOIA

MENTAL HEALTH SERVICES, INC.

DECLARATION FOR MENTAL HEALTH TREATMENT

- I, _____, have taken the declaration for Mental Health Treatment form with me to consider and will return it completed within 30 days. If after 30 days I have not returned the completed form, my signature on this document indicates that I have voluntarily declined to file a declaration for mental health.

Date

Client Signature

Staff Signature

- I, _____, voluntarily decline to file a declaration for mental health.

Date

Client Signature

Staff Witness

Date Offered: _____

Client Refused to Sign:

Staff Signature