

Treatment Plan Signature Page

Client Name:

Treatment Plan Date:

The client or legal guardian (*initial next to the line that applies*):

_____ Received a copy of the treatment plan

_____ Declined a copy of the treatment plan

My signature indicates that I have participated in and/or reviewed the treatment plan. Additionally, I understand and agree to the contents of the treatment plan.

Client (13 or older)

Date

Parent / Legal Guardian

Date

Foster Parent

Date

Child and Family Therapist (non-MHP)

Date

Child and Family Therapist (MHP)

Date

Child Mental Health Specialist

Date

Other Team Member

Date