



Health & Mental Health Services

**CONSENT FOR TREATMENT AND NOTICE OF AFTER HOURS COVERAGE  
AVAILABILITY**

Los Angeles LGBT Center

I hereby request and consent to receive services from the Los Angeles LGBT Center’s Health & Mental Health Services Department (“HMHS”), which may include diagnostic procedures, medical tests and treatments as deemed advisable by HMHS professional staff. These services may include the presence and/or participation of program supervised residents, interns and/or paraprofessionals, and may include referrals to medical specialists.

If I receive counseling services, I understand that they may be provided by pre- and post-graduate masters and doctoral-level interns who are working toward mental health degrees or licenses, and that they may audiotape sessions to assure the quality of services. Such audiotapes are confidential and are reviewed **only** by the counselor and his or her licensed professional mental health supervisor for training purposes, after which they are erased or taped over.

I acknowledge that I have read the entire contents of this form, that I have had an opportunity to discuss it, and that any questions I had have been answered to my satisfaction. I understand that completing this registration and intake process **does not necessarily mean that I will be offered the service or services that I am requesting.** Other services or referrals may be recommended.

I understand that if I have a medical issue when the clinic is closed, I can access health care coverage after hours by calling 323.993.7500.

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

**CONSENT FOR TREATMENT AND NOTICE  
OF AFTER HOURS COVERAGE**

**Name:**

**PF #:**