

Consent Form- Disability

Fortis Behavioral Health, PLLC partners with patients and their primary care providers to help them reach optimal mental health. We do not participate in the private and governmental disability process and as such we do not make a determination about a person's ability to participate in employment related activities. We do not complete or sign disability related paperwork and we do not release records of any type in response to requests from private or public agencies seeking information related to disability determinations. Persons requiring this level of disability service are encouraged to seek a higher level of care than our practice will provide.

I have read the above, and understand that Fortis Behavioral Health will not provide any determination of my/patient's ability to work and will not provide signatures, forms or records to any agency in this regard.

PATIENT OR PARENT/GAURDIAN

SIGNATURE: *

NAME OF SIGNER: *

**RELATIONSHIP TO PATIENT (IF SELF
PUT SELF): ***

Date: *
