

**Deborah M. Drumm APN, BC
Advanced Behavioral Counseling
93 Main St., Suite 1
Newton, NJ 07860
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CONSENT FOR COMPETENT ADULT TO RECEIVE TREATMENT AND/OR MEDICATION

I, _____, certify that I am at least 18 years of age, and I consent to the rendering of such evaluation and treatment by:

Deborah Drumm APN, BC , 93 Main St., Suite 1, Newton, NJ 07860

I am aware that clinical practice is not an exact science, and I acknowledge that no representations, guarantees or warranties have been made to me as to the result of any evaluation or treatment procedure that I may receive.

I understand that Ms. Drumm is a psychiatric nurse practitioner and in order to practice, she must discuss confidential information with her collaborating psychiatrist, Dr. Sandra Squires, MD, located in Newton, NJ. I agree to electronic transfer of my medication records to her. I also understand that I am responsible for fees that are not covered by my insurance. Telephone calls will be charged at a rate of \$50 per 15 minute increments.

Date: _____ Patient (over 18) _____

Witness _____ Legal Guardian _____