

BANGOR HEALTH CENTER
VAN BUREN COMMUNITY MENTAL HEALTH
AGREEMENT TO MODIFY/RESCIND SERVICES

Patient Name: _____ Date of Birth _____

As the legal parent/guardian of the above-named minor, I am modifying/rescinding prior written consent for Bangor Health Center services as follows:

- Medical treatment by Bangor Health Center is permitted only if I am contacted and I give approval for service delivery prior to my child being seen at the Health Center for every appointment/visit.
- No treatment or services shall be provided by Bangor Health Center staff. Prior written consent is hereby rescinded for all services.

My decision to modify and/or terminate services is due to the following reasons:

Parent/Legal Representative Signature and Date

Received by Bangor Health Center on: _____

By: _____