



# BethesdaTriHealthGood Samaritan

*A community  
partnership of  
Bethesda and  
Good Samaritan Hospital*

## “FREEDOM OF CHOICE” AFFIDAVIT

After my consultation with \_\_\_\_\_,  
(Name of Counselor)

of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Name of Affiliate Agency) (City) (State, Zip Code)

an affiliate of CONCERN® Services, a service of TriHealth, I have freely decided to enter treatment with the affiliate. Prior to this decision, the CONCERN® Services affiliate presented me with at least one other treatment option and clearly explained the relative advantages and cost differences of each alternative.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Client Name, Please Print)

\_\_\_\_\_  
(Company Name)

Reviewed by: \_\_\_\_\_  
(CONCERN® Treatment Coordinator)

\_\_\_\_\_  
(Date)