



### Consent for Treatment

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I give my consent to receive services from Child Focus

I understand that I have the right to be informed of the risks and benefits of each of the proposed services, of alternative treatments, and of no treatment.

- *Benefits* of services may include: Improvement in behavior, mood, work performance, and/or overall functioning. *Benefits* associated with refusal of services may include: Natural resolution of the problem with little or no effort on the part of the client and/or family.
- *Risks* associated with participation in services are possible, although rare. Risks associated with services may include: Worsening of behavior, mood, work performance, and/or overall functioning. *Risks* associated with refusal of services may include: Worsening of behavior, mood, and/or work performance.

I understand that my consent for treatment includes permission for the exchange of mental health information with other treatment and health services providers, both within and outside of this agency. If I wish to restrict releases relating to my health information, I have the right to request that Child Focus limit specified disclosures of information, including disclosures for treatment information.

I understand that I have the right to consent to, or refuse, any service treatment at any time upon full explanation of the expected consequences of such consent or refusal.

I understand that I have the right to consult with independent treatment specialists at my own expense.

I understand that I have the right to be informed (in advance) of the reason(s) for discontinuance of service provision, and to be involved in planning for the discontinuance of service provision whenever possible.

I give consent to receive services from Child Focus

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
I refuse to give my consent to receive services from Child Focus I understand the risks associated with this refusal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date