

## Child Focus, Inc. Consent for Treatment

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

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

I give my consent for the above named client to receive services from Child Focus, Inc.

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, academic performance, and/or overall functioning of child and family. *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, academic performance, and/or overall functioning of child and family. *Risks* associated with refusal of services may include: Worsening of behavior, mood, and/or academic 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 child's health information, I have the right to request that Child Focus, Inc. 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.

Only those persons with *legal custody* may provide consent for treatment.

(I have ☐ sole custody or I have ☐ shared custody of the above named child).

1. Legal guardians who are not the client's biological parent must provide proof of custody.
2. Biological parents who are not married to each other must provide court documentation of child custody agreements.
3. If you are the biological parent but do not have proof of custody, please discuss this with the registration specialist.

I give consent for the above named client to receive services from Child Focus, Inc.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

I refuse to give my consent for the above named client to receive services from Child Focus, Inc. I understand the risks associated with this refusal.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date