Consent to Treatment

- I acknowledge that I have received, read (or have read to me), and understand the information provided to me about the therapy I am considering for myself. I have had all my questions answered fully.

- I do hereby consent (Name of client) _____ in taking part in psychotherapy with a Resilience Clinician. I understand that a treatment plan will be developed with the therapist and a regular review of progress toward meeting the treatment goals will occur.

- I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

- I confirm that I have the legal right to consent to my own/child's mental health treatment without the consent of any other individuals.

- I am aware that I/parent or legal guardian may stop treatment with the therapist at any time. The financial obligation for the services received shall fall under the responsibility of the client/parent who is initially seeking treatment.

- I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers or any services or treatments the client receives.

- I understand that I must call to cancel an appointment at least 24 hours in advance. I acknowledge that continually showing up more than 15 minutes late for appointments or ongoing no-shows may result in being discharged from therapeutic services.

- I understand that the agency does not use seclusion and restraint as part of their nonviolence prevention program.

- I agree not to carry or to knowingly allow anyone accompanying me to carry any weapons, drugs, or drug paraphernalia within the Resilience facility.

- I understand that Resilience does not administer, maintain, or control my prescription medication in any manner.

- I understand that I/my child will participate in emergency preparedness drills as a part of the agency's health and safety program.

- I understand that in the event of an emergency the Resilience staff, as well as interns will direct me/my child in the necessary actions to be taken.

- I understand that Resilience utilizes a multi-disciplinary approach and therefore aspects of my (child's) treatment, and diagnosis will be discussed in treatment team meetings and with the clinical staff.

- I understand that the information the therapist gains is confidential. With the child's permission the therapist will share information that they believe is important with his/her parent or guardian.

- I understand that the therapist will not give information to anyone else without my written authorization unless the situation is a mandatory reporting situation or if a court order is received.

- I understand, as the parent(s) not to request any information for court related reasons whatsoever, including but not limited to custody issues.

- I understand that the role of the therapist is not to make recommendations to the judge or to express opinions concerning divorce or custody issues.

- I understand that drug screens are not conducted by the program staff.

Print Clients Name	Signature (If over 18)	Date

Print Parent/Legal Guardian Name	Signature of Parent/Legal Guardian Name	Date