



Consent for Services

I, _____, (Client) request services from Family Service Agency's Programs:
Center for Counseling, DeKalb County Community Action, Youth Mentoring, Child Advocacy Center, Senior
Services

I, _____, (Parent/guardian) request services from Family Service Agency's
Programs

1. I seek and consent to participate in services at Family Service Agency's programs.
2. I understand that developing a treatment plan with my counselor and regularly reviewing progress toward my treatment goals is in my best interest.
3. I understand that I may stop program services at any time and that I am responsible for any consequences of terminating counseling.
4. I understand that when services terminate *Agreement to Pay for Professional Services* continues to apply until my bill is fully paid.
5. I understand that my insurance company or third party payer may receive information about the services I receive.
6. I understand and have discussed with my counselor: a) my condition, problem and/or diagnosis, b) the planned course of treatment, c) alternatives to treatment, including no treatment and d) confidentiality and the limits or exceptions of confidentiality.
7. I understand as the parent or guardian of a recipient of services who is at least 12 but under 18 years of age that my child has rights to confidentiality that are different than for a child under 12 years of age, I understand the following provisions:
 - a. Any minor 12 years of age or older may request counseling services without the consent of the parent or guardian.
 - b. Sessions provided to a minor age 12-17 without parent or guardian consent shall be limited to not more than 5 sessions, lasting no more than 45 minutes each.
 - c. If a minor child age 12-17 chooses to consent to counseling without parent or guardian consent then the parents will not be informed unless required by law.
 - d. If a minor child age 12-17 chooses to consent to counseling without parent or guardian consent then the parents are not financially responsible for those sessions.
 - e. Parent or guardian is not entitled access to protected health information of a child age 12-17 without the child's consent, unless required by law.
8. If the person to receive services is a minor (under the age of 18 years of age) I give permission to the program services to provide services to him or her.
9. I understand that a child age 17 or under who has been a victim of criminal sexual assault or abuse may consent to program services without parent or guardian consent.
10. I give consent for Family Service Agency to contact me for evaluative purposes



I understand and agree to the information contained in the *Program Services* and give informed and willing consent to receive services from Family Service Agency’s Program Services for myself or for the minor named above.

 Client Signature (or Parent/Guardian for child under 18)

 Date

 Client Signature (or Parent/Guardian for child under 18)

 Date

 Client Signature (Child 12 years of age or over)

 Date

 Witness

 Date

For Parents/Guardians of Minors:

Does any court order, parenting agreement or any other legal document direct any issue related to the minor receiving services? Yes No

If yes, please provide a copy of the portion of the document relating to services.

Family Service Agency’s is required to obtain the signature of both parents as consent for services. If it would not be possible or advisable for Family Service Agency to contact the other parent, please describe why.

If the other parent is reachable, please provide the contact information listed below:

 Name

 Address

 Address

 Telephone Number