



Consent for Assessment and Clinical Services

As part of my child's attendance at The Shafer Center, I understand that my child will participate in assessments and clinical services that are provided by my child's service team. I _____ hereby consent for _____ (child) to receive those services deemed necessary by my child's service team.

I acknowledge that before assessments and clinical services are implemented with my child, I will have the opportunity to discuss these assessments and services with my child's service team. It is my right to be informed of possible risks, complications, consequences, and/or side effects of the treatment plan, as well as the anticipated benefits of this treatment, to the best knowledge of the professional providing the service. Since providing clinical services is not an exact science, I understand the risks, complications, consequences, side effects, or beneficial effects may or may not occur, and that I will be informed of any progress and changes necessary in the treatment plan.

If I ever have concerns or complaints about the services provided by The Shafer Center, it is my right to express these concerns to the service team and the licensing/certification boards that oversee the service team. I understand that expressing concerns will not impact the quality of my child's services provided by The Shafer Center.

I am aware that no information will be released outside of The Shafer Center without my written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations: contact with the school system that funds your child's services, child abuse or neglect; sexual exploitation; criminal prosecution or investigation; child custody cases; situations where The Shafer Center has a duty to warn or disclose, or where, in the clinical staff member's judgment, it is necessary to warn or disclose; in connection with a lawsuit by or against The Shafer Center or a service team member; the filling of a complaint with the licensing board; or in response to a request or a response to a government agency or payor. If you have any questions regarding confidentiality, you should bring them to the attention of your service team at The Shafer Center. By signing this consent form, you are giving your consent to The Shafer Center and your child's service team to share confidential information with all persons authorized or mandated by the law and with any payor, and on behalf of yourself and the client, you hereby agree to release and hold harmless The Shafer Center and your child's service team from liability for such disclosure.

Date

Signature

Date

Witness