



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 _____ (parent/guardian) hereby consent for _____ (child name) 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 and that contact information is available on request. I understand that no retaliatory action will be taken against me or my family for expressing such concerns, and these 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; suspected child abuse or neglect; suspected 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 compliant with the licensing/certification board; or in response to a request or a response to a government agency or payer.

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 and with any payer, 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.

Print Name

Signature

Date

Print Name Witness

Witness Signature

Date

Concerns regarding professionals should be addressed to the professional AND the relevant agency.

Behavior Analysts (BCBA, BCaBA) and Registered Behavior Technicians

- Behavior Analyst Certification Board: 1-720-438-4321, <https://bacb.com/contact-us/>
- Maryland Department of Health (Formerly the Department of Health and Mental Hygiene): 877-463-3464 410-767-6500, <https://health.maryland.gov/Pages/contactus.aspx>