

Informed Consent for Treatment | Overview of Terms

- I/We understand that it is our right to receive services, both written and verbal in our preferred language.
- I/We hereby grant permission to Beech Acres Parenting Center to provide routine evaluation and general services as may be deemed medically necessary or advised for diagnosis and/or treatment/care. I/We understand that I/We will be offered the most appropriate and least restrictive services to meet my/our needs.
- I/We understand that the clinician/worker will serve us/client in the home, community setting (e.g., schools) and/or office as appropriate in assessing issues, needs, and development of a service plan with goals and objectives, in the aim of resolving problems which I/we define.
- I/We agree to cooperate with the clinician/worker and will participate in the program(s) as necessary.
- I/We have been fully informed about service options, benefits, risks, and alternatives, and understand that I/we will be involved in setting and modifying service goals and in making decisions about the services we receive.
- I/We understand that I/we must provide 24-hour advance notice of cancelled appointments.
- I/We understand that Beech Acres Parenting Center reserves the right to terminate, discharge, dis-enroll, and/or reduce services if there is a lack of contact/participation and/or failure to respond to efforts of engagement. I/We understand that such would not occur without advanced written notice and an opportunity to appeal such decision.
- I am/We are aware that Beech Acres Parenting Center cannot share information outside of the agency without my/our written authorization, except as required or allowed by law in an emergency situation to assist in my/our continuum of care or to ensure safety in a situation deemed life threatening, or under state law in cases of suspected child abuse or neglect, or as allowed by regulatory bodies and contractual obligations permitted under law.
- I/We understand that only the parent or legal guardian (or someone to whom the parent or legal guardian has delegated his/her powers regarding the care or custody of the minor(s) as evidenced through official legal documentation) can provide consent for services, and I/we have provided documentation of such.
- If any proposed treatment/service is of a specialized nature with associated risks, those risks will be discussed verbally with me and outlined on a separate form requiring my signature.
- I/We understand that I am/We are consenting to services by Beech Acres Parenting Center. I/We understand that consent is voluntary and may be withheld or withdrawn at any time. I/We understand that I/We may refuse any service, treatment or medication unless mandated by law or court order. I/We understand this consent is valid for one year from date of signature obtained on the intake signature page.