

# Kids Inc. KC

A Safe Space for Healing

## Informed Consent for Treatment

I give consent for evaluation and treatment to be provided for myself/my child by (therapist)\_\_\_\_\_.

- I am aware that the practice of psychotherapy is not an exact science and that results cannot be guaranteed. No promises have been made to me about the results of treatment.
- The risks, benefits, side effects and alternatives of treatment as well as the consequences of non-compliance with treatment have been discussed with me and I have had the opportunity to ask questions.
- I understand that I need to provide accurate information about myself to my clinician so that I will receive effective treatment. I also agree to play an active role in my treatment process.
- I understand that I may terminate treatment at any time.
- I understand that what is discussed in therapy is confidential unless and until I (the client or parent) give consent to its release, with two exceptions. The therapist will need, and is compelled by law, to report to an appropriate other person(s) if:
  1. The therapist believes that I am in danger of hurting myself or someone else, and
  2. If there is reasonable suspicion that a child has been abused or neglected.

My signature below shows that I understand and agree with all of the above statements. I have had the opportunity to ask questions about the treatment process. If the client is a minor or has a legal guardian appointed by the court, the client's parent or legal guardian must sign this consent.

\_\_\_\_\_  
Signature of Patient or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Patient (if applicable)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### OFFICE INFORMATION:

Our office is a teaching facility and it is possible, at times, there will be an intern or other trainee sitting in on sessions. I understand this is a helpful part of my treatment and consent to this.

\_\_\_\_\_ I DO CONSENT

\_\_\_\_\_ I DO NOT CONSENT

### PRIVACY NOTICE

I have received the Kids, Inc. Health System Notice of Privacy Practices. My signature acknowledges I have received the Notice.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_