



Client's Name: _____

Medical Record #: _____

We are happy you have selected Children's Health Council! This document outlines our agreement with you and ways in which we protect your privacy. Please read and sign, and let us know if you have questions.

Clients and parents/legal representatives consent to receive assessment and treatment services at Children's Health Council (CHC), which shall be defined to include any and all medical doctors, psychologists, therapists, educators, and psychiatrists or psychologists in training and all related staff members. Clients and parents/legal representatives consent to enter into the following understanding:

1. Client(s) will participate in assessment and treatment services with our professional staff. A parent or legal representative, or in the case of joint custody both parents, must sign and date this document (and initial where indicated) in order for your child to be seen.
2. Depending on the client's clinical needs, assessment and treatment services may be provided by one or more clinical, educational or behavioral staff member whom have access to the medical record. All oral or written information contained in medical and historical records will be confidentially maintained. Information or conclusion data may be used to evaluate CHC services and programs for quality assurance. Without identifying any individual client information, CHC may use data for presentations, publications, outcome research purposes or as described on our Notice of Privacy Practices.
3. CHC is an accredited training institution for pre-doctoral psychologists, master's level therapists and psychiatry fellows. Training staff may participate in the care clients receive at CHC. Confidential information is shared with a senior practitioner for clinical supervision. Services performed by an unlicensed clinician-in-training will require a separate specific consent form to be completed.
4. The information provided during assessment and treatment services is confidential. Specific information is released to outside agencies or persons only after written consent of the client, or parent(s)/legal guardian(s) is obtained. Exceptions to confidentiality are listed on our Notice of Privacy Practices and as follows:
 - When a client, family member or collateral person states an intention to seriously harm themselves or harm another person(s). CHC has the legal obligation to protect the individual, family and any intended victim(s).
 - When there is reason to believe there is abuse or neglect of a child or vulnerable adult. The law requires a report be made to the police or other appropriate county agency.
 - When a staff member becomes informed of a person who knowingly develops, duplicates, prints, downloads, streams, accesses through any electronic or digital media, or exchanges a film, photograph, video or other pictorial depiction in which a child is engaged in an act of obscene sexual conduct. The law requires a report to the police in instances as these described.
 - When an emergency condition occurs, CHC will communicate with a family member or other appropriate person.
 - By a validated and signed court order.
5. Individuals/families have a right to access information. CHC will comply with the rights of patients/families to access information in concordance with the policies and procedures listed on its Notice of Privacy Practices in compliance with both state and federal laws. A minor has the right to request information or data be kept private or confidential from their parents or legal guardian. Requests as such will be honored by CHC provided they meet the appropriate legal and professional requisites – such examples include where confidentiality is necessary to protect a client from physical or psychological harm, or where it is in the best interest of the client. Parents and legal guardians have a right to information regarding their child, and efforts will be made to engage families as partners in assessment and treatment services. You may request an information review with a CHC practitioner to review records, or obtain copies of records. Copies of records may be subject to fees deemed reasonable in specific circumstances as permitted by law. CHC may provide a summary of information at its discretion when deemed ethically and legally appropriate in lieu of providing records with your agreement. CHC may alternatively release to an outside therapist or otherwise qualified professional to interpret clinical information as requested by a parent/guardian after providing CHC with an authorized disclosure form.
6. If any child is the subject of a court order, settlement or custody agreement, the parents or guardians must furnish CHC with a copy of the order/agreement by the parent or guardian who has been awarded or granted legal custody of the child. CHC must obtain the consent of all individuals with legal custody or medical decision making authority in order to provide services. Caregivers must provide CHC with the appropriate caregiver affidavit documentation where consent to treatment is applicable. The person or party who has obtained or agreed to a custody modification or change shall furnish CHC with any modification or change of legal custody or guardianship of the child. Any information relevant to the child's assessment or treatment learned during a child's treatment may be included in reports and medical records.



7. CHC gathers information from the children and families served, to assist in meeting our objectives and goals through studies by internal and external researchers. By initialing this, CHC is authorized to release your name and telephone number to research personnel. A researcher authorized by CHC may initiate contact in the future. The caller may extend the opportunity for you to participate in new or ongoing research, however in no way are you obligated to participate. Please initial one of the following two statements.

- I grant consent to contact: Client/Parent 1 Initial _____ Parent 2 Initial _____
- I **do not** grant consent to contact: Client/Parent 1 Initial _____ Parent 2 Initial _____

8. Fees, contracts, grants and financial assistance funds support CHC services and programs. A CHC Care Manager may meet with you to provide an estimate of service and program cost and discuss financial arrangements. Fees for services are expected to be paid on or before the first date of service for assessment and treatment services, unless special grants, programs or contracts fund the services. Groups and classes are expected to be paid in full, by series. CHC's Client Statement provides the information you need to submit to your insurance company if you decide to seek their reimbursement. By initialing below, you are acknowledging that you are personally responsible for the cost of any services incurred at CHC.

- Client/Parent 1 Initial: _____ Parent 2 Initial: _____

9. Scheduled appointments require a 24-hour cancellation notice. If notice is not received by CHC prior to 24-hour minimum period for notice, you will be billed for the total cost of that individual service. No refunds will be credited for the pre-paid portion of the individual session absences to groups or classes. It is the client's responsibility to be on time for each and every appointment or session. If a client arrives late for any appointment or session, the appointment or session will end at the originally-scheduled time and will be billed in full.

- Client/Parent 1 Initial: _____ Parent 2 Initial: _____

10. CHC will make its best efforts to safeguard children and families while receiving services. However CHC is not responsible for accidental injuries and assumes no liability for injuries occurring without fault or negligence of any member of the staff. CHC does not provide any onsite supervision services for children – parents must stay on the premises for the duration of services provided.

11. CHC provides 'Telehealth' for patients as a mode of delivering health care services and public health via information and communication technologies when appropriate. This delivery may include audio and/or visual communication to deliver services to the patient while they are at an originating site, and CHC is at a distant site. Additionally your provider will speak with you in detail about the benefits and risks prior to engaging in Telehealth services, and provide you with their licensure/registration information along with contact information for relevant resources, including emergency services in the your geographic area. You may choose to revoke consent to Telehealth services at a later time by informing the Privacy Officer at (650) 688-3612.

- I grant consent to Telehealth services: Client/Parent 1 Initial _____ Parent 2 Initial _____
- I **do not** grant consent to Telehealth services: Client/Parent 1 Initial _____ Parent 2 Initial _____

By signing below, I agree to the terms and conditions outlined above and authorize CHC to provide assessment and treatment services to myself, child and/or family. I also agree to be financially responsible for those services.

Client _____ Date _____
(Signature)

Parent/Guardian 1 _____ Date _____
(Signature)

Parent/Guardian 2 _____ Date _____
(Signature)