INFORMED CONSENT FOR MEDICAL SERVICES OR BEHAVIORAL HEALTH ASSESSMENT OR TREATMENT

For policy information, see CHS 1018.

I _____, date of birth _____, hereby consent to the following
(Print name of client/parent/guardian)

procedures or treatments: Counseling Support and Education, Assessment and Treatment on behalf of ☐ myself and/or
(List Procedures or Treatments)

Family member _____ _____ _____
(Print name) *(Relationship)* *(Date of birth)*

I hereby acknowledge and agree that I have been provided with specific information with regard to the procedure(s) or treatments, medically expectable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed procedures or treatment.

I understand that I may be requested to sign a separate Authorization to Release Confidential Information in order that The Children's Home Society of Florida may receive or release information to referring organizations or others as specified in the authorization.

The procedures or treatments provided may include face-to-face meetings, telephone conversations, and technology-based interactions including video conferencing, email, or text exchanges.

I understand that audio or video recording of services may occur for purposes of training and supervision only with my advance written authorization (CHS1018 Form H Consent and Agreement to be Audio/Videotaped), however, common areas of some CHS facilities are continuously recorded for security purposes.

~~I acknowledge that some services may require payment from me, in which case I will be advised of the costs in advance and given the opportunity to choose whether to receive the service.~~ 7/12/21

This consent shall be effective the date of signature and shall expire one (1) year from the date of signature or may be revoked at any time, provided I notify the program in writing to this effect. Revocation has no effect on action previously taken.

I authorize that a photocopy/electronic copy of this consent may be considered as valid as the original.

SIGN SECTIONS THAT APPLY

_____ _____
Signature of Parent or Guardian of minor child — Date

_____ _____
Signature of Adult Client — Date

_____ _____
Signature of Minor Client — Date

~~NA At the Time of Parent Signature~~ 7/12/21 _____
Signature of Witness — Date

_____
Printed Name of Witness

If the client has difficulty understanding or reading this document, please print the name of the person who read this document or explained it to the client _____.