**Grandma’s House Children’s Advocacy Center**

 501 West Stephenson Avenue
 Harrison, AR. 72601 870-391-2224

**INFORMED CONSENT**

**Please read and sign each page**

Welcome to the Children’s Advocacy Center Counseling Services! We would like you to feel welcomed and safe during the period that you need our services. For that reason, we would like to defined the rights and responsibilities that will be held by each person during the treatment process. This frame helps to create the support to become empowered to change. As a client in counseling, you have certain rights that are important for you to know about because this is your therapy. There are also certain limitations to those rights that you should be aware of. This document contains important information about those rights and limitations. Please, read it carefully and discuss it with your therapist/counselor if you any questions or concerns.

**RESPONSIBILITIES OF YOUR THERAPIST:**

**CONFIDENTIALITY:** With some exceptions that we will be describe below,you have the absolute right to the confidentiality of your therapy. Your therapist cannot and will not tell anyone else what you have talked in session, or even that you are in therapy without your prior written permission. Under the provisions of the Health Care Information Act of 1992, your therapist may legally speak to another health care provider or a member of your family about you without your prior consent, but your therapist/counselor will not do so unless the situation is an emergency. We will always act so as to protect your privacy even if you do release us in writing to share information about you. You may direct us to share information with whomever you chose, and you can change your mind and revoke that permission at any time. You may request anyone you wish to attend a therapy session with you. You are also protected under the provisions of the Federal Health Insurance Portability and Accountability Act (HIPAA). This law insures the confidentiality of all electronic transmission of information about you. Whenever we transmit information about you electronically (for example, appointment reminders), it will be done with special safeguards to insure confidentiality.

**DUTY TO WARN:** As we explained above, confidentiality and privileged communication remain the rights of all clients according to state law. However, some courts have held that if a client intends to take harmful or dangerous action against another human being or against himself/herself, a therapist has a Duty to Warn: (a) The person who is likely to suffer the result of harmful behavior, (b) the family of the person who is likely to suffer the results of the harmful behavior, (c) the family of the client who intends to harm himself/herself, and/or (d) the appropriate state or local agencies. In cases of suspected child abuse, the therapist has a responsibility to notify the appropriate authorities of such allegations. In addition, a court of law may, under certain circumstances, require the therapist to testify and/or release client files. The therapist will, when expedient, share with the client the intent to notify relatives or authorities and attempt to resolve the issues before the above actions are taken. Information regarding therapy of a minor client must be provided to the custodial parent if requested. When a client or former client initiates a lawsuit against the therapist, information regarding therapy may be disclosed. Clients who seek marital/family therapy understand that the right to the file belongs to both spouses/each member of the family, and any information obtained from the file can only be granted through written consent of both spouses/each member of the family.

***The next is not a legal exception to your confidentiality*. *However, it is a policy you should be aware of if you are in marital/family therapy with us.*** If you and your partner decide to have some individual sessions as part of the marital/family therapy, what you say in those individual sessions will be considered to be a part of the marital/family therapy, and can and probably will be discussed in our joint sessions. Do not tell anything you wish kept secret from your partner/family members. Your counselor will remind you of this policy before beginning such individual sessions.

**SUPERVISION:** The staff Grandma’s House Children’s Advocacy Center operates as a team to improve the quality of counseling. Your counseling/counseling records may be discussed with your therapist's clinical or licensure supervisor, a counseling administrator or the CAC Multidisciplinary Team. We will use any video or audio recording of counseling sessions for professional purposes only, and only with your knowledge and permission.

**APPOINTMENTS:** Your appointment time is reserved exclusively for you. Most counseling sessions are fifty (50) minutes in length unless otherwise notified. It is important that you contact us immediately when you become aware that you will not be able to make a scheduled appointment. If you are more than 15 minutes late, without any attempt to communicate, your appointment time will be considered a missed appointment. If you miss more than 2 sessions in a 2 months’ time period, your appointment time may be given to someone else. (Family emergencies and illness will be taken into consideration.)

\*Family involvement is essential for children’s success in therapy and healing from traumatic events, so, if you are a parent filling this for your child, you will be expected to participate in your child’s therapy sessions at times.

\*At least one adult must remain on CAC property during your child’s appointment, in case you are needed by the child and/or therapist. This is also a show of nonverbal support for your child. Your child(ren) must be supervised at all times on the CAC playground or outside of the CAC. An occasional exception to this can be made. If your family needs an alternative option, ask your counselor about signing the authorization for unattended minors form.

\*The adult guardian is responsible for taking the child(ren) to the restroom before or during the appointment, if the child requests. Counselor/CAC staff can direct you to restroom locations, so as to reduce disruption to other areas of the building and protect the confidentiality of other clients.

\*Some sessions or portions of the session will be with parent(s) and child(ren) together or separate, and some sessions or portions of the session, your therapist will talk with your child alone.

\*The CAC has access to trained facility dogs that may be in the waiting room giving your child(ren) an opportunity to interact with them during their time at the CAC. This allows children to connect with them in a way that brings comfort when recovering from crisis, and the dogs provide unconditional acceptance to those they visit. We want to respect an allergy, fear or dislike of dogs that you or your child(ren) might have, and ask that you let us know if this is uncomfortable in any way. Please notify CAC staff or counselors as we do not want to impose these trained facility dogs on you or your children.

\*If there is inclement weather, please contact the CAC to check the status of therapy for that day. The CAC will make its best attempt to contact you if there is cancellation as soon as possible.

\*If you or your child stays home from work/school sick, please call to cancel your counseling appointment as well.

**COMMUNICATION:**

 In some situations, cell phones, text messages, emails, and other forms of electronic communication may be used by counselors to contact clients. Your counselor will always seek to maintain complete confidentiality. However, please understand that when communicating via cell phone, texting, voicemail, or email, complete confidentiality cannot be ensured. —-

**SNACKS**

The Children’s Advocacy Center is pleased to be able to offer drinks and snacks to children upon their arrival for services at the center. Please indicate whether it is permissible for your child to have a snack and drink while at the center. If applicable, please be sure to list any allergies on your intake form.

**CONSENT FOR SERVICES**

I/we understand that no particular outcome or result can be guaranteed as a result of my consent to treatment. I/we am/are entering therapy with full knowledge that my/our anxiety, depression and discomfort may increase before any relief is experienced and recognized. I/we represent that I/we have the legal authority to obtain counseling for any minor children treated. Records for adult clients are not released to any 3rd party without the prior written consent of the client or clients, unless such is required by law.

**Request for records or written letter**

A request for mental health records needs to be made in writing 30 days in advance of when the documentation is expected to be provided. Additionally, a request for a written letter needs to be made in writing two weeks prior to the date it is expected to be provided.

**Court Involvement**

The therapist has a right to decline request for civil court accompaniment or court request without a proper subpoena by the courts/ signed by a judge. A therapist cannot testify in civil court when there is an open criminal case/ and or investigation.



Mental Health services at Grandma’s House including informed consent documentation, assessment, evaluation, treatment, and referral for individuals referred.

\_\_\_\_\_ I **ACCEPT** Counseling services as described above for my child

 **or** \_\_\_\_\_ I **DENY** Counseling services at this time, but I understand I can contact the Grandma’s House or other Child Advocacy Centers for future assistance.

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 (Child’s Name) (Birth date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent or Legal Guardian’s Signature) (Today’s Date

**Authorization for Evaluation and Treatment of Minors and Dependents**

\_\_\_\_\_\_ I certify that I am the parent or legal custodial guardian of the child listed above who is a

(Initial)

minor dependent under the laws of the state of Arkansas.

\_\_\_\_\_I authorize the Grandma’s House Children’s Advocacy Center to provide counseling to the (Initial)

 minor dependent listed above.

Such treatment may include, but is not limited to individual counseling, group counseling, and family counseling, teletherapy or specialized counseling procedures which are generally accepted in the treatment of physical or sexual abuse victims.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_