Consent for Assessment and Clinical Treatment

_____ (Initials) I understand that as a client of Bright Tomorrows Child Advocacy Center (BTCAC), I am eligible to receive a range of services. The type and extent of services that I will receive will be determined following an initial assessment and evaluation. The goal of the assessment process is to determine the best course of treatment for me. Typically, treatment is provided over the course of several weeks to six months.

I understand that all information shared with the BTCAC clinicians and/or medical director(s) is confidential and that no information will be released without my consent. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

A. When there is risk of imminent danger to myself or others, the clinician is ethically bound to take necessary steps to prevent such danger.
B. When there is suspicion that a child or elder is being sexually or physically abused, or is at risk of such abuse, the clinician is legally required to take steps to protect the child or elder, and to inform the proper authorities.
C. When a valid court order is issued for medical records, the clinician and the agency are bound by law to comply with such requests.

I understand that BTCAC services are provided by a range of mental health professionals, some of whom are in training. All professionals-in-training are supervised by licensed staff and the BTCAC Medical Director(s). I understand that while psychotherapy and/or medication may provide significant benefits, it may also pose risks. Psychotherapy may elicit uncomfortable thoughts and feelings, and medications may have unwanted side effects. If I have any questions regarding this consent form or about the services offered at BTCAC, I may discuss them with my therapist. I have read and understand the above. I consent to participate in the evaluation and treatment offered to me by BTCAC. I understand that I may stop treatment at any time.

Consent to Record

_____ (Initials) I hereby authorize Bright Tomorrows Child Advocacy Center (BTCAC) and any of its interns and/or employees to video and/or audio record any and all therapy sessions and initial evaluation meetings. These recordings are used solely for the purpose of providing counselor supervision. I understand that BTCAC staff are responsible for these recordings. All recordings will be erased by BTCAC staff immediately following supervision, which will be provided by a Licensed Professional Counselor.

Consent for Financial Responsibility

_____ (Initials) I understand that Bright Tomorrows Child Advocacy Center (BTCAC) will share patient health information according to federal and state law for treatment, payment and operations. I understand that the patient (or authorized representative) is responsible for all charges incurred, regardless of patient's insurance and/or Medicaid status. Payment is expected at the time service is rendered. For patients eligible for Medicaid or referred by IDH&W: I authorize Idaho Medicaid and/or the Department of Health and Welfare to pay BTCAC for services rendered on my behalf. I understand that two missed appointments or repeated cancellations will result in my being discharged from services; and that a reinstatement fee must be paid before I can again receive services.

Receipt of Notice of Privacy Practices and Client Rights / Grievance Procedures

_____ (Initials) I have been informed of the Privacy Practices of Bright Tomorrows Child Advocacy Center. I am aware that a written copy is available to me upon request and is posted in the waiting area. I have been given a copy of my rights and responsibilities and the grievance procedures have been explained to me and I am aware I can contact the BTCAC directors or place my concerns in the box in the waiting area.

☐ I request a copy of the Notice of Privacy Practices. *(Please mark here if you would like to receive a copy of Notice of Privacy Practices and return form to the front desk).*

These consents are valid for one year from the signature date, or until revoked in writing by the client or his/her representative.

_____

Client Signature Printed Name Date

_____

Authorized Representative (Parent/Guardian) Printed Name Date