



Arbor Mental Health Center Outpatient Consent and Acknowledgement

I, _____, parent/ legal guardian of _____
(print name) (print child's name)

hereby acknowledge that I have received and have been given an opportunity to read a copy of Arbor Mental Health Center's statement of consumer rights, limits of confidentiality, no show/cancellation policy, privacy policy, and grievance process. This certifies that I give Arbor Mental Health Center permission to provide evaluation, psychotherapy treatment, and/ or neuropsychological testing to my child. I understand that my child is expected to benefit from treatment, but there are no guarantees. Maximum benefits will occur with regular attendance, but I understand that my child may feel temporarily worse while in treatment. I understand that if I have any questions regarding the notice or my privacy rights, I can contact Arbor Mental Health Center's Chief of Operations or speak directly with my provider during a scheduled time.

Benefits or expected outcome of proposed treatment include but are not limited to:

- Improvement of presenting condition or symptoms - Improved ability to cope with developing life demands - Improved communication skills

Possible effects of receiving treatment include but aren't limited to:

- The client may improve functioning
- The presenting condition may remain unchanged or worsen or a new problem may develop
- The client may become too dependent on treatment

Possible effects of not receiving proposed treatment include but are not limited to:

- Symptoms disappearing spontaneously or from other interventions (education, self-help, etc.)
- The presenting condition may remain unchanged, worsen or new problems may develop
- Client may be at risk for injury to self or others

Alternate treatment modalities include but are not limited to:

- Self-help groups, environmental changes, inpatient services and community resources such as church, social services, criminal justice system and other agencies

*I understand that this consent can be withdrawn from me at any time, and that I am entitled to a copy of this consent at any time.

*I additionally consent to communications via *(initial next to communication type)*

_____ Phone Calls - Preferred Phone Number _____

***Permission to leave message/text ___ Yes ___ No

Alternate Phone Number _____

***Permission to leave message/text ___ Yes ___ No

_____ Email

The ability to respond to e-mail communication **initiated by you**. It is not our practice to send emails or put you on a list server. However, if you e-mail us, your permission is required to reply. **Emails are NOT encrypted or secure.**

(If "yes", email address is required. Please print clearly.)

Signature of Parent/Guardian

Child's name

Date

Signature of Staff Witness

Date

This consent is valid for 12 months from the date of the signature