

Acceptance of Client Handbook And Consent for Services

I have been informed of my rights and responsibilities. I acknowledge by signing this form that I have received a copy of the CAPA Client Handbook with includes:

- CAPA's Mission, Location and Hours of Operation
- Goals of CAPA's Counseling Program
- Use of Student Interns
- Materials
- Attendance, Illness, Inclement Weather
- Client Rights and Responsibilities
- Qualifications of Therapists & Case Managers
- Length of treatment
- Confidentiality
- Mandatory Child Abuse Reporting, Duty to Warn, & Duty to Protect
- Benefits and Risks of Therapy
- Client's Right to Refuse Services
- Discharge and Termination of Services
- Service to Minors without Parental Consent
- Audio/Video Recording
- Complaints and Appeals- Grievance Procedure
- CAPA's Policy Regarding Privacy of Your Health Information
- Behavior Support and Management Procedures
- Therapist Contact and After Hours Emergencies

Minor Consent: This is to certify that I/we have legal custody or guardianship of the following child or children and have the legal right to authorize the care, treatment and counsel of the following child(ren):

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____

Name of Child _____ Date of Birth _____

My signature indicates that I give my **full and informed** consent to receive counseling services from CAPA.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____