



Test 7, Test:

Adult and Child Counseling - Private - Cash Pay

Report Information

Report Type: Consent to Treat (PP)  **Status:** Due
Date Due: **Performed By:** 

Client Information Packet may be added by clicking on "Create file" above, but will be named "Consent to Treat".
 The packet can be emailed from this report to client, along with sending document for signature.

Christian Family Care - Consent for Service

(Each adult client must sign their own consent form)

2346 North Central Avenue, Phoenix, AZ 85004, 602.234.1935, Fax: 602.234.0022
 3275 West Ina Road, Suite 155, Tucson, AZ 85741 , 570.296.8255
 3611 Crossings Drive, Suite A, Prescott, AZ 86305, 928.443.1150

I voluntarily apply for service or assessment at Christian Family Care (CFC), for myself and/or my child as applicable, and understand, consent and agree as follows.

Name of adult or child to receive counseling services:

I hereby acknowledge that I am willing, and legally authorized (identification required, if legally authorized), to receive services from CFC, for myself and/or my child, based upon the verbal recommendations given to me by my counselor/caseworker. I understand that I am invited to participate in my (or my child's) assessment and that a service plan will be prepared, reviewed and signed by my counselor/caseworker and myself.

I acknowledge that I have been given an explanation of the specific services being proposed, including the intended outcome, nature and procedures of the proposed services. I have also been advised of any risks and side effects (if any) of the proposed services, including any risks of not proceeding with the proposed services, and alternatives to the proposed services. I reserve the right to revoke this consent at any time unless my services have been court-ordered.

I am aware there may be a therapy animal on the premises.

By signing this document, I also acknowledge that I have received and reviewed the Client Information Packet that contains copies of the following written documents:

1. Required Phone Contact Numbers
2. Limits to Confidentiality
3. Notice of Clinical Supervision
4. Consent for Service
5. Right to Receive Communication and Language Assistance
6. Client Rights

- 7. Notice of Confidentiality of Alcohol/Drug Info
- 8. Grievance Procedures
- 9. Behavior Management Policy
- 10. CFC Notice of Privacy Practices
- 11. Consent for Contact by Email, Voicemail, and Postal Mail
- 12. Explanation of Counseling Fees
- 13. Health Care Directives
- 14. Voluntary Inclusion in Faith-based Activities
- 15. Telehealth Counseling Services
- 16. Counseling for Minor Children

Voluntary Inclusion in Faith-based Activities preference:

- I need more info before deciding 'Yes' or 'No' (After discussing with the counselor/caseworker, please check 'Yes' or 'No' below)
- Yes, I would like to include faith-based activities (I understand I can opt out at any time by verbally requesting to do so with the counselor/caseworker)
- No, I decline to include faith-based activities

Other information

Name of adult or parent/guardian

<*EN1>

Date of signature below

<*ED1>

Signature

Clear Signature