

Meadville Location
18278 Technology Drive
Meadville, PA 16335
(814) 332-0095



Erie Location
2437 West 26th Street
Erie, PA 16506
(814) 455-0754

INFORMED CONSENT TO CARE

It is the intention of this practice to provide the most effective treatment for your child, your family, and you. We have found that the most beneficial response to treatment is brought about when everyone involved in the process fully understands their roles and responsibilities within the therapeutic relationship. This document explains the treatment process and the role and responsibilities of each individual involved in the process. Please take your time and read it carefully. If you have questions at any point, please do not hesitate to ask us.

- I. *Treatment may include but not be limited to the following:*** Individual, family, or group psychotherapy. If you are interested we will clearly explain our specific credentials, experience, methods of treatment, and the limitations and benefits of psychotherapy
- Establishing a relationship with a therapist can help a child or adult to learn to express strong feelings in appropriate and controlled ways. Therapy can provide a neutral setting in which children, adults, and families can explore and understand these feelings and develop more effective ways of handling communication, relationships, and behaviors. Therapy can provide feedback and recommendations specific to your child, your family, and you.
 - Therapy's effectiveness is extremely limited when the family is not actively involved in the treatment process. With this in mind and in order to best help you and your child, we strongly recommend that **each** of the child's caregivers maintain regular, respectful communication with one another and the therapist.
 - We recommend, in the treatment process that you recognize and reaffirm to your child, that we are working together to help you as parents assist your child in meeting his/her needs.
 - **There is no expectation of making custody recommendations or assessing custody. We will not, in our role as your therapist, under any circumstances yield recommendations about custody. In general, we will help parties who are disputing custody consider alternate forms of negotiation and conflict resolution.**
 - We ask that caregivers respect the privacy of the child's psychotherapy. We recognize that a child's caregiver(s) has the right to know how a child is doing in therapy and agree to talk to caregivers to discuss how the child is doing. We will make every effort to keep caregivers informed of specific concerns addressed in the child's treatment and therapy (e.g. suicidal thoughts). We, as your child's therapist, will not share specifics about what a child shares in therapy unless the child gives permission to do so. There are several exceptions:
 - i. We will report to the appropriate persons if the child talks about or indicates in any way thoughts, feelings, ideas, or actions indicating that the child is going to hurt him/herself or specifically someone else.
 - ii. If a child makes an allegation of abuse or we suspect child abuse, then we must legally report the allegation or suspicion to the appropriate authorities.
- II. *Release of Client Records:*** We understand that all client information is strictly confidential and requires written authorization by the client/parent/legal guardian **unless:**
- A court order is issued to release information
 - The above named client presents a physical danger to self or others
 - Child abuse /neglect is indicated and/or suspected
 - Certain information pursuant to the 1990 Act 148, Commonwealth of PA HIV/Aids Policy may not be confidential under provisions of the Act.

In the above instances information can be disclosed **without** consent to third parties such as child welfare and/or the judicial system.

III. *Statements of Informed Consent:*

1. I fully understand that the overall goal of treatment is to provide relief, support, modification, management, and recommendations in mutually agreed upon areas of social, psychological, educational, behavioral, and emotional functioning to me/my child as well as to assist in identifying parenting/family strengths and vulnerabilities.
2. I fully understand and provide informed consent for my child to participate in therapy.
3. I fully understand and agree to be included in all treatment planning, treatment progress meetings including discharge planning, which will ensure continuity of care. I will also make every effort, as agreed upon, to keep scheduled appointments with my therapist and further understand that failure to do so may result in limiting or termination from therapy.
4. I fully understand and give my informed consent for my therapist to coordinate treatment with referring agencies, PCP, and community representatives as indicated.

I UNDERSTAND EACH OF THESE ENTITIES AS WRITTEN AND GIVE MY/OUR INFORMED CONSENT TO CARE AND IT IS WITHOUT PRESSURE OR COERCION THAT I/WE SIGN THIS FORM.