



Consent to Treatment

Child's Name: _____ DOB: _____ TFACTS ID: _____ Appt. Date: _____

Informed Consent:

A mental health assessment or intake is conducted by a mental health clinician to gather information related to behavioral and mental health functioning. This process involves getting background information such as education, social history, prior mental health history and current functioning. The purpose of this assessment is to determine current functioning, identify treatment needs, provide any applicable diagnoses, and make treatment recommendations.

The mental health intake will be provided in-person or via telehealth, which means using HIPAA compliant video or audio over phone, computer, or tablet to provide mental health services. The intake will be stored on a secure, HIPAA compliant platform.

Confidentiality

A summary of the mental health intake that will include Diagnostic and Statistical Manual (DSM) diagnoses, if applicable, and recommendations for treatment will be provided. This information will be shared with the legal guardian, DCS, once the applicable release of information has been signed.

There are exceptions to confidentiality. These include but are not limited to the following situations:

1. Child Abuse or Elder Abuse: The mental health clinician is a mandated reporter for any type of child abuse or elder abuse and may make a report when abuse is suspected.
2. Danger to Self: The mental health clinician will use clinical judgement to determine if a patient poses a danger to themselves and may break confidentiality to ensure the safety of the patient.
3. Duty to Warn: The mental health clinician has a duty to warn if he or she reasonably believes that the client poses a danger to another person, in order to prevent harm. The mental health clinician may warn the person that is in danger as well as other parties such as law enforcement.
4. Court: There may be situations in which a judge may order mental health records be disclosed as part of legal proceedings.

Patient Rights and Responsibilities

The mental health intake is voluntary and the patient has the right to end it at any point. The patient has the right to be informed about the intake process and the results of the mental health intake. The patient has the right to be treated with respect and the responsibility to provide accurate information to the mental health clinician. The patient has the right to request a copy of mental health records.

Consent to Participate in a Mental Health Intake

Signing below indicates that I have reviewed and consent to the above statements, understand the limits to confidentiality and voluntarily agree to participate in a mental health intake assessment.

Printed Name of Patient

Signature of Patient (16 or older)

Date

Printed name of Parent/Legal
Guardian

Signature of Parent/Legal Guardian

Date

Relationship of Legal Guardian to Child: _____