



Compassion Behavioral Health Services
484 Tollage Creek Road
Pikeville, KY 41501
Phone: 606-888-7337



Compassion Pediatrics Behavioral Health Consent for Child for Mental Health/Substance Abuse Evaluation and/or Treatment

1. **Consent to Evaluate/Treat:** I voluntarily consent that my child will participate in a mental health (e.g. psychological or psychiatric) evaluation and/or treatment by staff from Compassion BHS. I understand that following the evaluation and/or treatment, complete and accurate information will be provided concerning each of the following areas:
 - a. The benefits of the proposed treatment
 - b. Alternative treatment modes and services
 - c. The manner in which treatment will be administered
 - d. Expected side effects from the treatment and/or the risks of side effects from medications (when applicable).
 - e. Probable consequences of not receiving treatment

The evaluation or treatment will be conducted by and or assisted by a Case Manager, Licensed Social Worker, Licensed Professional Counselor, Psychiatric Mental Health Nurse Practitioner, Psychologist, Psychiatrist, and/or any qualified professional within the field. Treatment will be conducted within the boundaries of both Federal and Kentucky State Law for Psychological, Psychiatric, Nursing, Social Work, Professional Counseling, or Family Therapy.

2. **Benefits to Evaluation/Treatment:** Evaluation and treatment may be administered with psychological interviews, psychological assessment or testing, psychotherapy, medication management, as well as expectations regarding the length and frequency of treatment. It may be beneficial to my child, as well as the referring professional, to understand the nature and cause of any difficulties affecting my child's daily functioning, so that appropriate recommendations and treatments may be offered. Uses of this evaluation include diagnosis, evaluation of recovery or treatment, estimating prognosis, and education and rehabilitation planning. Possible benefits to treatment include improved cognitive or academic performance, health status, quality of life, and awareness of strengths and limitations.
3. **Charges:** Fees are based on the length or type of the evaluation or treatment, which are determined by the nature of the service. I will be responsible for any charges not covered by insurance, including co-payments, co-insurance, deductibles and no show charges. Fees are available to me upon request.
4. **Confidentiality, Harm, and Inquiry:** Information from my child's evaluation and/or treatment is contained in a confidential record at Compassion Pediatrics BHS, and I consent to disclosure for use by Compassion Pediatrics BHS staff for the purpose of continuity of my child's care. Confidentiality is a critical part of the therapy relationship, which is carefully protected by law. This means that information you share with your therapist cannot be



divulged to anyone except other staff of this agency, without your permission. If you do choose to release information, that information cannot be provided to any further party without your permission. However, there are several specific circumstances under which we must break confidentiality and divulge information because the law requires us to do so. There are:

- a. When there is indication that the client may engage in behavior that could be dangerous to self or others.
- b. When the client makes threats of violence toward others, or toward the property of others in some circumstances.
- c. When cases of abuse or exploitation are reported, no matter what the age or the relationship of the victim.

The parties to be notified and the manner of reporting are different in each case above and are spelled out in the various laws.

Funding and accreditation bodies often require us to divulge information to substantiate that we provided the services we claimed and that the services provided met quality standards. This is done for the protection of the client.

Finally, if a client enters his/her mental status into any legal procedure, he/she is assumed to have waived the right to privileged communication and information regarding the treatment received can be released at the request of the court or the client. In this situation, if the client does not want information to be released, efforts will be made to protect his/her rights and desires. Occasionally a court may, by power of subpoena, attempt to obtain the release of privileged information against the client's wishes; in such cases, attempts are made to protect the client's rights, but success at doing so cannot be guaranteed and we may be ordered to release the information. Release of information necessary to collect just debts (e.g., name, address, telephone number, amount of indebtedness) is not considered.

5. **Discharge Policy:** There are circumstances under which my child may be involuntarily discharged. A copy of Compassion Pediatrics BHS Discharge Policy will be made available upon request.
6. **Right to Withdraw Consent:** I have the right to withdraw my consent for evaluation and/or treatment of my child at any time by providing a written request to the treating clinician.
7. **Expiration of Consent:** Consent to treat is active for 12 months unless otherwise specified.
8. **Mental Health Age of Consent for Treatment:** "Any physician may provide outpatient mental health counseling to any child age sixteen (16) or older upon request of such child without the consent of a parent, parents, or guardian of such child." Ky. Rev. Stat. Ann. § 214.185. "A minor who suffers from an alcohol and other drug abuse problem or emotional disturbance from the effects of a family member or legal guardian's alcohol and other drug abuse problem ... may give consent to the furnishing of medical care or counseling related to the assessment or treatment of the conditions." Ky. Rev. Stat. Ann. § 222.441.



9. **Mandatory Reporting:** In Kentucky, any person who knows or has reasonable cause to believe that a child is dependent, neglected, or abused shall immediately cause an oral or written report to be made Ky. Rev. Stat. Ann. § 620.030(1).
10. **Communication with Guardians:** All parties who have legal guardianship of the patient may access medical records and be involved in treatment at patients request. Clinic will contact whoever is indicated on patient consent record completed with initial paperwork. Legal guardian is responsible for updating records when appropriate. It is the Guardians responsibility to contact other guardian or include their information on the patient consent record, unless otherwise specified by court documents.

I have read and understand the above, have had an opportunity to ask questions about this information, and I consent to the evaluation and treatment of my child. I also attest that I am the legal guardian and have the right to consent for the treatment of this child. I understand that I have the right to ask questions of my child's clinician about the above information at any time.

X _____
Signature of patient (ages 16 years or older) Date: _____

X _____
Signature of legal representative for patient under 16 Date: _____