



## Compassion Pediatrics Behavioral Health Informed Consent for Services

Welcome to Compassion Pediatrics Behavioral Health. This document contains important information about our professional services and business policies. Please read it carefully and make note of any questions you might have.

**Risks and Benefits-** Behavioral treatment for adolescents/children can have benefits and risks. Since behavioral health services including counseling and medication management often involves discussing deeper aspects of one’s life, your child may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness and helplessness. Working through difficult emotions can sometimes lead to an increase in difficult behaviors before the adolescent/child is able to utilize new skills or fully integrate their experiences. Despite the risks counseling and medication management have been shown to have benefits for individuals who go through one or both treatments. Services can lead to better relationships, solutions to specific problems, significant reductions in feelings of distress and improved self-esteem. Adolescents/children sometimes require assistance and support to grow and develop to their fullest potential.

**Confidentiality-** Behavioral health providers who work with adolescents/children have the difficult task of protecting the adolescent’s/child’s right to privacy while at the same time respecting the parent’s or guardian’s right to information. Therapy especially is most effective when a trusting relationship exists between the counselor and the adolescent/child. Privacy is especially important in securing and maintaining that trust. In our practice, we provide individual and group counseling to adolescents/children as well as medication management and ensure the caregiver/parent is involved in the process through consultation and collaboration. To ensure a child’s privacy we will not provide detailed information to the parent/caregiver regarding what the child shared during counseling unless the child provides consent, instead, general themes, ideas and recommendations will be provided as well as support and encouragement to the parent/caregiver. Parents/guardians may submit a request to receive a copy of their child’s medical record (will be made available in 24-28 hours) however, per the HIPAA Privacy Rule (45 C.F.R. § 164.501) therapy notes are separate from the medical record. Additional limits to confidentiality include disclosures required by law, such as for mandated reporting of abuse, neglect, and a mandated “duty to warn” situations regarding threats of serious and imminent harm to themselves or someone else as made by the patient.

**Revoking Consent-** Both you and/or your child/adolescent may end their provider relationship at any time, without penalty or prejudice (with the exception of late cancellations/no shows as identified on the No Show, Cancellation, and Late Arrival Policy). While free to discontinue services at any time, it is preferable to have a closing session or phone call, to ensure the adolescent/child understands that counseling is ending and to provide an appropriate closure to the experience.

By your signature below, you are indicating that you read and understood this consent form or that any questions you had about this consent form were answered to your satisfaction.

X \_\_\_\_\_  
Signature of patient (ages 16 years or older)

\_\_\_\_\_  
Date:

X \_\_\_\_\_  
Signature of legal representative for patient under 16

\_\_\_\_\_  
Date: