



ROCKY MOUNTAIN
PSYCHOLOGICAL SERVICES

CONSENT FOR TREATMENT

Please read this document and write your initials in the space to the left of each of the items to document that you have read, understood and agree to the conditions of this agreement.

____ 1. This consent is for counseling and treatment services to be provided to (name of individual(s)).

____ 2. This service is to be conducted by Rocky Mountain Psychological Services.

____ 3. In this case, the Therapist(s) _____, will render the following services checked below. A am aware the therapist is Registered with the _____ and is a _____ (professional designation).

____ Play Therapy (information sheet provided)

____ Individual Counselling – Child/Adolescent

____ Individual Counselling – Adult

____ Review of File Information

____ Marital/Couple or Family Counseling

____ Assessment of _____

____ Parent Consultation

____ Collateral Interviews with _____

____ Expert Testimony

____ Parenting Assessment

____ Child Assessment

____ Parenting Coordinator

____ Other: _____

____ 4. Since this case involves child-clinical work, the Therapist shall not discuss this case with any person other than the parent(s) or those with legal custody, unless written consent is provided, or by Court Order or if a Parenting Coordinator is involved. In the case of ‘Child and Family Services’ involvement, regular communication with the Caseworker will occur. The only exception to this clause is all clinical staff will attend confidential clinical supervision/consultation sessions to assist in case conceptualization and case planning.

____ 5. The Therapist will not provide a formal, written report for court, lawyers, or other legal systems, unless there is a specified Court Order requiring a report at the onset of counseling. A written report shall also not be provided for regular counseling services. In the case of ‘Child and Family Services’ involvement, regular written progress reports will be completed.

- ___ 6. I am aware that this service is meant to assist in the functioning of my child(ren) and/or family. If I am in need of formal assessment services related to separation and divorce I will receive guidance and a referral from my therapist to access this special service.
- ___ 7. The counseling role and the counseling process have been explained during my intake session. I have read the above and I agree to proceed with treatment/counseling services provided under these terms.
- ___ 8. Minor Client: I affirm that I am the legal guardian of _____.
- My signature below affirms that I have read and understand the statements above, and that I voluntarily consent to counseling and/or play therapy/assessment for the child named above.
- ___ 9. This document constitutes the entire agreement. Modifications to this agreement must be in writing and signed by all parties.

Date

Signature of Parent

Date

Signature of Parent