



Minor Informed Consent for Treatment

Name of Minor _____ Date of Birth _____

This document is signed by the minor's parent and/or legal guardian. This is written consent for case management, medication management, mentoring, and athletic training services that are offered by ReDirect Athletics for the client. The consent for treatment is given with the understanding that the mission of ReDirect Athletics is to facilitate improved functioning, healthy relationships and the developing of effective coping mechanisms. Other specific goals will be fully described in the treatment plan developed by mentor/ trainer and agreed upon by me.

I, _____ acknowledge that the following information was explained to me to my satisfaction during my intake for services with ReDirect Athletics.

Treatment Approach

Treatment services may consist of initial intake, athletic training sessions, and one on one mentoring sessions. Issues identified for treatment may include grief and loss, anger management, adjustment disorders, self-esteem development, family separation, reunification, depression, mood disorder, post-traumatic stress disorder, anxiety, as well as other possible defined issues.

Participation in Treatment

As a client of ReDirect Athletics, I understand that I have the right to be involved in my treatment plan which will identify specific and individualized goals for my treatment. There will be clearly stated reasons, goals and objectives for continuing/discontinuing treatment. I have the right to be informed of my progress. I understand that if at any time I am experiencing significant distress or am dissatisfied with my progress or the services I am receiving, I am encouraged to discuss this with my therapist. I understand that I have the right to seek or maintain services outside of ReDirect Athletics.

Length of Treatment

I understand that the projected time to complete my treatment process will be based on my individual progress.

Benefits of Treatment

I understand that general benefits of treatment, which can be reasonably expected, are improved self-esteem, improved social skills, emotional well-being, and/or the increased ability to express my needs and desires to others.

Risks of Treatment

I understand that there are both potential risks and benefits associated with any form of treatment, and that despite my efforts and the efforts of my mentor/ trainer, my condition may not improve, and in some cases may even worsen. There may be discussions of topics that may be emotionally difficult for me. I understand that my symptoms may initially increase when addressing painful issues. I understand that I can discuss any of my concerns with my therapist at any time.

Treatment Progress Measures

I understand that the indicators by which progress will be measured is my documented improvement toward the goals identified in the treatment plan. I understand that progress occurs at varying rates for every individual. Measurable objectives in the treatment plan will be used to evaluate my progress. I understand that my overall progress and the rate of my progress is my responsibility.

Limits of Confidentiality

I understand that privacy and confidentiality are both my rights and are protected by State and Federal laws. Therefore, all information disclosed in sessions will be kept strictly confidential unless I provide written authorization to release information to other entities. However, in certain circumstances ReDirect Athletics is mandated by law to disclose confidential information to the appropriate authorities without my permission: (1) If there reasonable suspicion of child abuse or neglect, or the neglect or abuse of a dependent elder. (2) Court order/subpoena. The ReDirect Athletics Staff may be required to relinquish a copy of your mental health records to the courts. (3) When I am, or another person is in clear or immediate danger. If I threaten to harm myself, someone else, or the property of another person, my treatment provider is required to call the proper authorities. Reasonable steps will be taken to warn the potential victims to prevent the threatened harm. In these cases, the information necessary to ensure my safety and the safety of others will be shared with the appropriate family members and/or authorities.

Medication and Right to Refuse

I understand that unless I am under court order for treatment, I have the authority to refuse treatment services. The consequences of refusing the services will be outlined by this agency in the treatment plan and will be verbally explained to me. I understand that this information will be provided to me in writing at the time of my refusal of services. Alternative intervention will be also discussed with me. By signing below, I am acknowledging that I am aware that a refusal of treatment services will be documented in my clinical record.

Appointments and Cancellations

I understand that appointments are mutually arranged between me and the treatment provider. In order for treatment to be most effective, my attendance should be regular and consistent. If I am unable to keep an appointment scheduled for me, I will contact the ReDirect Athletics office at least 24 hours in advance. I will not assume that an appointment will be rescheduled without me contacting the ReDirect Athletics office. I understand that repeatedly missing or cancelling appointments may indicate lack of commitment to treatment, and may result in termination of services.

Fees for Services (Medicaid clients only)

I understand that ReDirect Athletics is a Medicaid funded service. Upon applying for services, ReDirect Athletics will determine my eligibility for Medicaid assistance. Once approved, all fees for services will be paid for by Medicaid. There will be no charges, deductibles, or co-pays that I will be required to pay.

Assignment of Benefits (Medicaid clients only)

I understand that when ReDirect Athletics submits claims for payment to Medicaid or other insurance carriers, information such as presenting symptoms, diagnosis and treatment progress are required to be included for authorization of benefits. I understand that by signing below, I authorize the release of any medical and mental health information to process benefit claims for services.

I have read understand the above. The general treatment programs have been explained to me. I acknowledge that I have discussed and agree with my proposed treatment plan. All of my questions have

been answered to my satisfaction. I voluntarily agree to undergo treatment with ReDirect Athletics. I understand that signing and dating this consent is required for me to receive treatment through ReDirect Athletics. I authorize ReDirect Athletics to use a copy of this consent in place of the original. I am aware that I can withdraw this consent at any time. A request for withdrawal must be provided in writing.

CLIENT SIGNATURE

DATE

PRINT CLIENT NAME

ReDirect Staff Signature

DATE

PRINT ReDirect Staff Name

After Hours Emergency Contact Procedures

The ReDirect Athletics after hours answering systems provide clients with a way to leave a telephone message. The call will be returned the following day. To leave a message, call (775)870-9589. In the event of an emergency, please call 911. We understand that you and your family have the freedom to choose any behavioral health agency in the area. Thank you for choosing ReDirect. We look forward to serving you.