



Client Services Agreement/Informed Consent Form

The following is a summary of the service agreement, rights you are entitled to, and informed consent as a participant with In His Service Ministry. Please note that all service is being offered through virtual means and not face to face. Additionally, the counselor does not diagnose or provide treatment based on a diagnosis.

Basic Rights: You have the same civil, human, and legal rights which all citizens have. You have the right to be treated with courtesy and respect for your individuality and dignity. You have the right to be free from discrimination in the provision of services due to race, color, ethnicity, national origin, social status, religion, gender, sexual orientation or handicap. You have the right to receive services in a manner that is non-coercive and that protects your right to self-determination. Since your participation in the program is voluntary, you may choose to terminate at any time. You understand that this is a faith-based ministry that incorporates Social Work concepts and the Bible.

Informed Consent: No services or treatment can be provided to you against your will. If you are seventeen years of age or less and have a parent/guardian, he/she is authorized to make decisions without your consent. You have the right to be informed of the possible risks and anticipated benefits of services and treatment in a manner which you understand. If you have any questions, you may ask your counselor or anyone else you choose before making decisions about treatment or services. If a parent/guardian has been authorized to make decisions for you, the parent/guardian has the right to be fully informed of all risks and benefits of proposed treatment or services.

Individualized Treatment and Service Plan: You have the right to an individualized, written plan, developed by you, your counselor, your parent/guardian, and others you choose, based upon your needs and goals. The plan needs to specifically detail what everyone will do, the time frames in which the task and goals will be accomplished, and how success will be determined. The plan must be based upon your actual needs and if a needed service is not available, the

plan must indicate what will be done to meet your needs. If you are unable and/or unwilling to follow through on this plan, it is possible that you could be discharged from the service.

Sessions: Your counselor will conduct an initial assessment that will last from 2-4 sessions. You will have to complete the assessment form prior to the first session. Each session is up to 60 minutes in length and occurs on a varied frequency (e.g. weekly, 2x monthly, monthly) depending on need. Once an appointment is scheduled, you are expected to keep the appointment you scheduled. If you are no longer available then the appointment must be canceled with at least 2 hours notice.

Confidentiality and Access to Records: You have the right to have your privacy assured and protected to the greatest extent possible. You have the right not to participate in public performances, make public statements or have photographic, videotaped or audio taped material, artwork, or creative writing used for public relations or fundraising purposes without your expressed informed written consent. You have the right to have your records kept confidential and only released to authorized external personnel with your legal guardian's fully informed signed consent, or your fully informed signed consent if you are age eighteen (18) or older, except as required by law.

Certain information may be released without your authorization under the following circumstances:

1. The receipt of a legitimate subpoena from a court.
2. The event of a medical emergency.
3. The receipt of information that suggests that child abuse or neglect has occurred. In His Service counselor is a mandated reporter, who is legally obligated to report any such information.
4. Information that suggests someone intends to hurt themselves or someone else.

You have the right to review your records at any reasonable time with the counselor. You may add written comments to your record to clarify information you believe is inaccurate or incomplete.

Assistance in the Protection of Rights: You have the right to appoint a representative of your choice to help you understand your rights, protect your rights, or help you work out a treatment or service plan. If you wish to have a representative, you must inform your counselor so arrangements can be made to include the person you have chosen. You can have access to the representative at any time you wish and you may change or cancel the designation at any time.

I have read and am in agreement with the Client Services Agreement/Informed Consent Form for In His Service Ministry and have had the opportunity to discuss them with my counselor, parent/legal guardian (if applicable), my family, and anyone else I choose. I understand that I may ask for clarification of these points now or at any time in the future.

E-signature DISCLAIMER: By typing your name below, you are signing this Client's Services Agreement/Informed Consent Form electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this Client's Services Agreement/Informed Consent Form.

Client:

Date:

Parent/Guardian (If Applicable):

Date:

Witness/Counselor:

Date: