



Consent for Treatment and Recipient's Rights

Client Name: _____ DOB: _____

I, _____ the undersigned, hereby attest that I have voluntarily entered into treatment, or give my consent for the minor or person under my legal guardianship mentioned above, at Paloma Academy Inc., independently owned and operated service provider, hereby referred to as Service Provider. Further, I consent to have treatment provided by the BCBA and the Technician(s) on the case. The rights, risks, and benefits associated with the treatment have been explained to me. I understand that the therapy may be discontinued at any time by either party. The clinic encourages that this decision be discussed with the treating BCBA. This will help facilitate a more appropriate plan for discharge.

Recipient's Rights: I certify that I have received information concerning Recipient's Rights and certify that I have read and understand its content. I understand that as a recipient of services, I may get more information from the Recipient's Rights Advisor. Unless otherwise notified, I understand that may Recipient's Rights Advisor is the BCBA overseeing my case.

Non-voluntary Discharge from Treatment: A client may be terminated from the Service Provider non-voluntarily if: (A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts; and/or (B) the client refuses to comply with stipulated program rules or refuses to comply with treatment recommendations. The client will be notified of a non-voluntary discharge by letter. The client may appeal this decision with the Service Provider, or request to reapply for services at a later date.

Client Notice of Confidentiality: The confidentiality of client records maintained by Service Provider is protected by federal and/or state law and regulations. Generally, Service Provider may not discuss client information with any person outside their practice that a client attends the program or disclose any information identifying a client unless: (1) the client consents in writing, (2) the disclosure is allowed by a court order, or (3) the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation/implementation.

Violate of federal and/or state law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or state law and regulations do not protect any information about a crime committed by a client either by Service Provider, against any person who works for the program, or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under federal and/or state law to appropriate state or local authorities. Healthcare professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is the Service Provider's duty to warn any potential victim when a significant threat of harm has been made. In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records. Professional misconduct by a healthcare professional must be reported by the other healthcare professionals; in which case, related client records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

When fees are not paid in a timely manner, a collection agency will be given appropriate billing and financial information about the client, but not clinical information.

Client/Legal Guardian's Initials _____

My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original. Client data of clinical outcomes may be used for program evaluation/coordination and child advocacy purposes, but individual results will not be disclosed to outside persons not related to the child's care.

I consent to treatment and agree to abide by the above-stated policies and agreements with Service Provider.

Signature of Client/Legal Guardian* _____

Date: ____/____/____

Witness: _____

Date: ____/____/____

*In a case where a client is under 18 years of age, a legally responsible adult acting on his/her behalf.