



SACRAMENTO CHILDREN'S HOME

Giving children & families a better tomorrow since 1867

Client Name: _____

The Source Informed Consent

PERMISSION TO TREAT

I hereby volunteer for admission to urgent response mental health services, and consent to care and treatment at The Source. If I am the caregiver or guardian of a minor in treatment, I consent to their care and treatment at The Source.

CONFIDENTIALITY

I understand that in general, no information can be released about a client without my prior written consent. Exceptions include those required by state law when the safety of my child or others is at risk (i.e. emergency interventions; suspected child/elder abuse or neglect; or danger to self/others), and as required for financial audits, legal mandates, program evaluations, team collaboration/consultation/supervision, coordination of care and/or internal and external utilization reviews.

SERVICES/DURATION OF SERVICES

The Source offers short-term services (up to 30days) for youth up to the age 21 and their caregivers. Services are voluntary, goal-oriented and time limited, based on the immediate needs of the youth or family. Services are provided by trained members of SCH staff including, but not limited to, board-registered licensed therapists and therapist interns who receive on-site clinical supervision from licensed staff.

SUPERVISION OF YOUTH

As part of urgent response respite staff may engage with a youth in an activity in an agreed upon location with you. I understand and agree that staff shall maintain supervision of the youth and return him/her/they at the time and location agreed upon.

TRANSPORTATION RELEASE

In some instances, staff may transport me or my child. I consent to transportation and understand that in some cases my child will be picked up or dropped off at an agreed upon location and in the care of an agreed upon adult. Transportation support is contingent upon my participation in services and can be discussed with my treatment team _____ (initial).

NOTICE TO CLIENTS The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

I have read and/or had the above information explained to me: _____

Client Signature: _____

Representative Name/Relationship:

Representative Signature:

Date:

SCH Staff Name:

SCH Staff Signature:

Date: