



CONSENT FOR SERVICES - INDIVIDUAL

Client Name: _____

Date of Birth: _____ / _____ / _____
YR MO DY

- I have been informed about and understand the services that are available to me. This service has been reviewed with me, with the opportunity to ask questions, and I consent to becoming involved with this service.
- I have been informed about possible risks and benefits associated with receiving services, expected outcomes, as well as reasonable alternative services should the need arise.
- I have been informed that the work that we do together is confidential and that there are limitations to confidentiality, which may occur under certain circumstances that have been described to me.
- I understand that I may discuss any concerns that I have about my services with ROCK staff and that I may withdraw from services at any time.
- I have been informed and have received written information about:
 - My rights and responsibilities
 - How I can participate in treatment/service planning and goal setting
 - How to access my file and/or personal information
 - How I can make a complaint
- I have been informed of the risks, limitations, and conditions of use regarding e-mail and text messaging with ROCK staff, students, and volunteers. By choosing to use these forms of communication, I accept the risks and consent to the conditions of use that have been shared with me. I understand that my e-mail might not be read or responded to in a timely manner. ROCK staff will not monitor or respond to emails in the evenings or on the weekends.

Authorized Communication Methods:

Phone: _____ E-mail: _____ Text: _____

Signature of Understanding:

I _____
Client name

give consent to the following service at Reach Out Centre for Kids (ROCK) for myself.

Service: _____

Staff/Clinician Name: _____ Position: _____

Client 12 years or older Signature

Date