ROCK
REACH OUT CENTRE FOR KIDS

CONSENT FOR SERVICES

Client Name: _____ **Date of Birth:** _____/_____/_____
YR MO DY

Parent(s)/Guardians(s): _____

- We have been informed about and understand the services that are available to us. This service has been reviewed with us, with the opportunity to ask questions, and we consent to becoming involved with this service.
- We have been informed about possible risks and benefits associated with receiving services, expected outcomes, as well as reasonable alternative services should the need arise.
- We 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 us.
- We understand that we may discuss any concerns that we have about our services with ROCK staff and that we may withdraw from services at any time.
- We have been informed and have received written information about:
  - Our rights and responsibilities
  - How we can participate in treatment/service planning and goal setting
  - How to access our file and/or personal information
  - How we can make a complaint
- We have been informed about student participation in ROCK services and we understand we may contact the student's supervisor should any questions or concerns arise.

We understand we will be working with _____, under the supervision of
Student/Intern/Residents Name

_____, whose contact information has been provided to me.
Supervisors Name

- We 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, we accept the risks and consent to the conditions of use that have been shared with us. We understand that our 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:

We _____ _____
Parent/Guardian/Client Name Parent/Guardian Name

[as parent(s)/guardian(s) of _____ give consent to the following service at
Child Name

Reach Out Centre for Kids (ROCK) for our child and/or family.

Service: _____

Staff/Clinician/Student Name: _____ Position: _____

_____ _____
Client 12 years or older Signature Date

_____ _____
Parent/Legal Guardian Signature Date

_____ _____
Parent/Legal Guardian Signature Date