



# CONSENT FOR SERVICES

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
YR MO DY

Parent(s)/Guardians(s): \_\_\_\_\_

- 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 about student participation in ROCK services and I understand I may contact the student's supervisor should any questions or concerns arise.

I understand I will be working with \_\_\_\_\_, under the supervision of  
Student/Intern/Residents Name  
 \_\_\_\_\_, whose contact information has been provided to me.  
Supervisors Name

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

Service: \_\_\_\_\_

Staff/Clinician/Student Name: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_  
Client 12 years or older Signature

\_\_\_\_\_  
Date