

(S) The Stern Center for Developmental and Behavioral Health Consent to Treatment (Child/Adolescent)

By signing this, I agree to comply with my role in treatment and I authorize

_____, to provide therapeutic counseling services to the
(therapist's name)

client, _____ .
(client's name)

Successful psychological service occurs when the client defines goals to work towards and utilizes the resources of the therapist to achieve these goals. In order for the therapeutic process to be effective, it is necessary for the client to regularly keep appointments, be open and honest, and follow through with suggestions and recommendations made by the therapist.

Communication between the client and the therapist is privileged and confidential. The Pennsylvania Bureau of Professional and Occupational Affairs and the Health Insurance Portability and Accountability Act (HIPAA) regulate the privacy of health care information. The specifics are described in the Notice of Privacy Practices provided to me at the time I sign this form. Occasionally, effective psychotherapy requires the psychotherapist to consult with other health care professionals, law enforcement authorities, businesses, or some other third party in order to obtain payment or to coordinate care. The only information communicated will be that which the third party absolutely needs to know.

I am reminded that professional services are rendered and charged to the client. If insurance pays a portion of the fee, the patient may be responsible for co-payments or deductibles. By signing this, I am stating that I understand that The Stern Center for Developmental and Behavioral Health will bill the client for policies or insurance plans that they have for these services and that I give consent for such billing on behalf of the client.

I understand that there may be a fee if the client repeatedly fails to keep appointments or establishes a pattern of canceling appointments less than 24 hours in advance.

Should a mental health **CRISIS** occur after regular business hours, on holidays, or on weekends, please utilize our after hours pager at 724.430-2275. In case of an **EMERGENCY**, immediately dial the crisis line at 724.437-10003 or 911.

Witness signature

Date

Client signature (14 years and older)

Date

Responsible Party Signature

Date