
Appendix B: Caregiver Informed Consent for Services

What Is Mental Health Evaluation?

This is an assessment to understand your child's experiences and functioning so I can make recommendations.

What Will This Evaluation Be Like?

I will interview you and/or your child and observe your child's behavior. I will ask you and/or your child to fill out questionnaires. I may also ask your child to perform specific tasks, review their records, and ask other people about them, with your permission. Please be as open with me as you can. If there is anything you do not want to tell me, please say so. If needed, I may schedule a follow-up session with you. At the end of the evaluation, I will write a report about what I have learned and recommend. I will share the report with you.

Confidentiality

Most things clients tell the clinician are *confidential*. That means I cannot talk to anyone else about what you or your child share with me. Caregivers have a right to know what their children share. But some children feel safer if some things are kept private. So, before we start, we will make an agreement about what will be shared. We will also agree about when and how it will be shared.

Not all things are confidential. I might have to share information with others if:

1. I believe your child is in danger of hurting themselves or someone else.
2. You or your child shares information about any child or adult who cannot keep themselves safe being abused.
3. The court tells me I have to.
4. You sue me. In this case, I may share information to help the court make a decision.

You can also ask me to share confidential information with someone else, such as a teacher. I will only share information with your permission. You will need to sign a form called a 'Release of Information.' It says what you want shared with whom.

Payment

Payment is due at the time of service. The Good Faith Estimate says how much this will cost.

Records

I keep written records of sessions and conversations. Records include diagnoses, dates, goals, plans, and other information. I will keep these records for at least seven years. These records are confidential. They are protected by a law called HIPAA. I will give you a paper that tells you about your rights under HIPAA.

Attendance

Attendance is important. Please contact me at least 24 hours in advance if you need to cancel. If I need to cancel, I will try my best to tell you at least one week in advance.

Emergencies

I am not able to provide emergency services. In the case of an emergency, call 988 or go to the Emergency Room. If you need to talk to me before your next scheduled session, please call and leave a message with a good phone number to call you back. I will return your call when I am in the office.

Interpretation

If you and/or your child prefers communication to be in a language other than English, I may speak with you through an interpreter. Interpreters must keep all communication confidential.

Telehealth

I can provide assessment services on a secure, HIPAA-compliant platform. You will need a computer, tablet, or smartphone and secure internet access to join (not public Wi-Fi). To protect your confidentiality, please join from a private space free from distractions. If you have any technical issues during our session, please contact me.

Signature

Your signature says that you understand and agree to all the conditions above. If you have questions about policies, we can discuss them.

Your signature also says that you are the legal guardian of _____, and that you allow this child to receive services from me.

Child's Date of Birth

Date

Parent/Guardian's Name (Print)

Parent/Guardian's Signature