ALPHA CHRISTIAN COUNSELING SERVICES OF CENTRAL FLORIDA

CONSENT FOR SERVICES

I (We) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby give my (our) consent for myself (ourselves), and for my (our) minor child (children):

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

To participate in services. I agree to cooperate in all planning activities provided by the:

# **NOTE:** The outcome of any psychological/or mental health/Christian Counseling Treatment depends on many factors, therefore we can not guarantee the result.

# **Your Rights as a Client:**

You have the right to receive the highest quality of care we can provide.

You have the right to referral to another Counselor if you feel that the relationship is not productive to you.

If your Counselor does not present professional behavior at all times, you have the right to request to speak to the Supervisor for further assistance.

You have the right to refuse our services and to be referral to another provider.

You have the right to request in writing to review your file with our staff.

You have the right to insert a statement in your file about the problem that brought you to our agency.

As a consumer, you have the right to a thorough and detailed assessment of your current situation to receive the most appropriate services. The information that you share about yourself and your situation is considered Confidential and will not be shared with anyone outside of this Agency without your written consent. Under specific circumstances we might be required to release information about you and your concerns:

If you or any member of your family are threatening suicide;

If you or any member of your family is threatening to harm or abuse someone else;

If we are given a court order to do so; or

If State / Federal Law directs us to do so based on a legal determination.

It is important to us that we link you with the most helpful services possible. For us to do this, we must gather as much information about your situation as we can in the relatively brief time available. You may be asked to complete a comprehensive needs assessment that will give you the opportunity to provide us with a broad and detailed picture of your sense of difficulties you currently face. Your assigned Counselor will use all of the information you have provided and, with your assistance, develop a treatment plan to assist you in overcoming your emotional disturbance. Our staff will then provide a set of therapeutic services to meet your plan.

# **Your Responsibilities as a Client:** We ask that you discuss your concerns and difficulties as openly as you can with your Counselor and that you respond to questions on the Comprehensive Needs Assessment as honestly as you can. Only in this manner can we provide the most appropriate diagnosis and treatment plan. We also ask that you work to resolve any differences you may have with family members or your Assessment Counselor in a calm and appropriate manner. As part of your plan, you will be asked to assume certain responsibilities to continue with our services. Please be sure you complete these assignments or communicate why you cannot with your Counselor.

## **Acknowledgement of Abuse Reporting Procedures** Florida law also requires that any information regarding abuse of a child, disabled adult or aged person be reported to the State Abuse Registry, which will investigate the situation. Staffs within the Alpha Christian Counseling Services of Central Florida are mandated reporters and are required by law to report suspected abuse to the State Abuse Registry. If you suspect or know of any child abuse or neglect, you should call the Florida Protective Services System Abuse Registry. The 24-hour TOLL FREE number is 1-800-96-ABUSE. The call is FREE and you do not have to give your name if you do not want to.

**Client Grievance Procedure** If you are dissatisfied with the services you receive here, we ask that you attempt to resolve these differences with your counselor. If resolution of your concerns does not occur, please make your concerns known to the Alpha Christian Counseling, Board who will arrange to meet with you. The established procedure for you to make a complaint regarding the behavior of a Counselor in which you have a concern is as follows:

1. Request and complete a Grievance Procedure Form.
2. Submit the Grievance Form to Alpha Christian Counseling Services of Central Florida
3. The President will discuss the issue with you.
4. The President will review the documentation and provide verbal/written feedback to you.

I have been informed of, and understand, the general rules and procedures of services and agree to receive appropriate services. I have received a summary of my rights as a client.

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Client’s Signature Date Parent/Guardian Signature Date Witness Signature Date