



Client Name _____
Case File No. _____

## INFORMED CONSENT FOR SERVICE

Family Service of the Piedmont seeks to provide comprehensive, professional and high-quality services to a diverse population. Please read the following descriptions of our services before you consent to receive services at the agency.

As a client at Family Service of the Piedmont, you are entitled to be informed of the possible benefits of treatment. They can include:

- Improvement in mood
- A chance to discuss thoughts and feelings
- Symptom relief
- Increased coping and problem-solving skills
- Improvement in relationships
- Increased self-awareness and self-understanding
- Personal growth

Informed consent also means that you understand any possible risks of treatment, which can include:

- When people start to talk about difficult topics, it may take some time to really feel better.
- In some cases, problems and symptoms that are the focus of treatment may not be alleviated.
- In cases where a service provider is concerned about a client harming themselves or others, including suspicion of child abuse/neglect, a service provider is legally required to break confidentiality.
- Clients who are involved with the court system or the Department of Social Services may have less confidentiality when talking with their service provider.

Informed consent also requires Family Service of the Piedmont to outline possible alternative treatments or habilitation options. They can include:

- Any client of Family Service of the Piedmont has the option to decline services at any time.
- A service provider may recommend that a psychotropic medication evaluation be done by a qualified physician to help address your symptoms.
- A service provider may recommend voluntary psychiatric hospitalization in serious circumstances.
- A service provider may act to involuntarily commit a person for psychiatric hospitalization in extreme circumstances involving risk to harm self or others.

Clients served by Family Service of the Piedmont are entitled to confidentiality when working with a service provider. There are some limits to confidentiality that are important to understand. They include (please refer to your copy of "Client Rights" for a comprehensive list of exceptions):

- Threats to harm self or others
- Suspicion of child abuse and/or neglect
- Clients who are involved with the court system or the Department of Social Services may have limited confidentiality
- If a judge orders the agency to release your records and/or a subpoena is issued for your service provider

As part of this consent, Family Service of the Piedmont agrees to:

- Provide services to enhance your and/or your family's well-being
- Assist you and/or your family with finding other community resources if desired
- Develop a service plan ***with you*** to meet your and/or your family's needs
- Keep accurate records of all services provided to you and/or your family
- Maintain confidentiality and honesty in an open and friendly manner

Also as part of this consent as a client, I agree to:

- Meet with my service provider for scheduled appointments
- Be honest and open and treat my service provider with respect
- Help my service provider complete the assessment forms required by the program
- Sign Consent for Release of Information forms for appropriate persons and/or agencies for information that is relevant to my receiving appropriate services

Other Special Agreements \_\_\_\_\_

As part of this consent, I understand that:

- My participation is voluntary and that I have the right to revoke this consent at any time
- I have the right to review my records and that I may add comments to those records
- I have the right to file a complaint about the quality of service I receive. (You may receive a copy of the Grievance Procedure from the main desk in Greensboro, High Point or Jamestown; by calling 387-6161 to have one mailed to you; or by asking any staff member).

If you choose to withdraw your consent for services you may sign a "Withdrawal of Consent for Service" form (legal guardians may choose to withdraw and sign consent in cases where they consented for persons under 18). It is your choice to accept or decline any services with Family Service of the Piedmont.

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I consent to receive services at Family Service of the Piedmont. I understand that the consent is valid over the current course of service and expires when services are terminated. This form and the above information have been explained to me; I have received a copy of the Client Rights handout and I have been given the opportunity to ask questions.

\_\_\_\_\_  
Signature of Client or Legally Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date

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### EMERGENCY CONTACT INFORMATION

Please provide us with at least one emergency contact below. Contacts will be notified **ONLY** if a medical emergency occurs during service provision by Family Service of the Piedmont.

\_\_\_\_\_  
Name Telephone No. Relationship

\_\_\_\_\_  
Address

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### PREFERRED PHYSICIAN INFORMATION

Please provide us with the name, address, and telephone number of your preferred physician, who will be contacted only in the event of an emergency.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address