



Consent for Medical Assessment /Treatment

The purpose of this form is to record the nature of services to be provided for which your written consent is needed and to make sure you understand the nature of these services. You may withdraw this consent to treatment at any time and ask that your file be closed.

Please read the form carefully and ask questions if you do not understand any part of it.

Understanding the Medical Evaluation

The medical evaluation services we offer are specific to the purpose of the assessment of overall behavioral and developmental functioning. When appropriate, medication management services are available. Martha's Place does not offer primary care medical services and medical evaluations performed at Martha's Place do not replace the need for each child to have a primary care provider. Part of the medical evaluation includes photographic analysis for FAS facial features.

Confidentiality (HIPPA)

All information is kept confidential. We cannot release any information about you/your child to anyone outside of Martha's Place without your written consent, except in specific circumstances. In order to help you/your child, we do share information between staff at Martha's Place who is involved with the treatment team. Additionally, information discussed during the course of the psychological evaluation will be included in the final report. However, the report will only be released to individuals designated by your written authorization or as ordered by the court.

There are limits to confidentiality. Martha's Place will disclose information to parent/guardians/proper authorities if: the patient is at serious risk of harming themselves or others; if there is suspicion that the client is being abused or neglected; if we receive a court order for client records; or under other circumstances required by law. In addition, we may share information with another provider in the course of making a referral for services.

Other Policies

Grievance Procedure: We attempt to resolve any conflicts in a manner that is suitable to our clients, while maintaining important treatment standards. If you reach a point of conflict in your child's treatment, you should first attempt resolution with your direct treatment provider. If this does not solve the conflict, you should ask to speak with the lead clinician about the issue.

Client's Name: _____ **Date of Birth:** _____

Parent /Legal Guardian: _____ **Relationship:** _____
Print name

Parent /Legal Guardian: _____ **Date:** _____
Signature

Client Name/ Medical Record#: _____