

NORTHWEST EDUCATIONAL SERVICE DISTRICT 189 FORM 1310-BH1301F1 Page 1 of 1

Child Behavioral Health Services Informed Consent Form

The Northwest Educational Service District must have a signed consent from a parent or legal guardian before providing behavioral health services, except in situations where federal and/or state laws allow students to access such treatment without parent/guardian consent. Under Washington state law, students thirteen years or older may request and receive outpatient treatment without the consent of the student's parent or guardian (RCW 71.34.530).

The purpose of meeting with a therapist is to get help with concerns that students and families face in their lives. These may be areas that are bothering them or are keeping them from being successful. Students and families may attend therapy to talk about these concerns or may attend because parents, guardians, teachers, doctors or others have concerns. The therapist will help students and families discover what they enjoy and do well while addressing their concerns. The therapist will ask questions, listen to the student and family, and suggest plans for making improvements. It is important that students and families feel comfortable talking with the therapist about issues that are bothering them.

When consent is provided for services, all information is kept confidential, except in the following circumstances:

- 1. The student (age 13+) or parent/guardian gives permission through a signed release of information;
- 2. If s/he indicates a risk of imminent harm to self and others;
- 3. There is a reason to suspect abuse or neglect of a child or dependent adult;
- 4. There is a court order, directing release of specific information.

By my signature below, I request and consent to behavioral health services that may include individual, group, and/or family therapy, community support services, and other therapeutic activities and services. I understand the practice of behavioral health treatment is not an exact science and state that no one has made guarantees or promises as to the results that I may receive.

I have read and understand the have received a copy of this do		nd Ido not consent to	o services. I
		If student is under 13 years of age:	
Student Signature	Date	Parent/Guardian Signature	Date
Student Printed Name		Parent/Guardian Printed Name	
Therapist Signature	Date		

Presented to Board: 01/28/15