Consent Form

I. Parental Permission for Treatment of a Minor Child

A. I voluntarily consent to evaluation and/or treatment of the above named individual by and staff under his/her supervision, as has been explained to me. I understand that I may terminate treatment at any time for any reason.

B. I acknowledge that no guarantees have been made to me as to the results of evaluation or treatment.

II. Center Procedures

1. I understand that in the interest of providing the best quality of care for my child, clinician(s) periodically seek consultation with professional colleagues.

2. I understand that during these consultations, clinician(s) will not identify me or my child by name and will preserve my anonymity. Consultants with whom clinician(s) discuss my child’s treatment are bound by laws of confidentiality not to disclose information about me or my child.

3. I understand that the clinician(s) will record each visit in my child’s clinical records. The information entered will include the date(s) of visit(s), the time spent, the diagnosis and any information that is deemed clinically important.

4. Records are confidential and will not be sent to anyone outside FAHC without your permission in accordance with state laws requiring confidentiality of such records. However, data from the records are sometimes used in anonymous form for statistical and research purposes, in accordance with federal regulations governing research with human subjects. In addition, you may be offered opportunities to participate in research projects conducted by Center staff.

5. This Center is a teaching unit of the Department of Psychiatry, University of Vermont College of Medicine. Patient records may therefore be reviewed by medial students and other trainees under qualified supervision.

6. I understand that I have a right to discuss with the clinician(s) what information goes into my child’s clinical record.

7. I understand that there may be circumstances under which the law requires clinician(s) to disclose confidential information. These circumstances include:

   a) Abuse or neglect of minors or the elderly
   b) Situations which may pose a danger to my child or others.

I HAVE READ THIS FORM AND CERTIFY THAT I UNDERSTAND ITS CONTENTS.

Signature __________________________ Relationship to Child __________________________ Date __________________________