## **NEW LEAF COUNSELING**

# Child Services - Informed Consent to Treatment

New Leaf Counseling, hereafter referred to as NLC, provides outpatient-counseling services to individuals, families and groups including children, adolescents and adults. In your initial visit your counselor will gather information as to your goals in coming to therapy. Therapy is a unique process to each individual. There needs to be honesty between the client and the counselor about what you and your child are experiencing. It is key to your emotional growth and change.

### **Crisis and Emergencies**

We **DO NOT** offer crisis or emergency services. If your child is in a crisis you are advised to go to your closest hospital emergency room or call 911. Your child's counselor may recommend evaluation by a physician/ER in the cases of a medication, eating disorder, or suicidal ideation consultation. It is the parent/guardian's responsibility to follow through with this advice.

By initialing below you attest that you are aware that NLC does not offer crisis or emergency assistance. You are also aware that your child may experience some uncomfortable emotions while working towards their goals in therapy.

Initials: Thera	pist Initials:
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#### **Parenting Arrangements**

In order to protect you and to offer you the most professional of services, we abide by strict legal and ethical guidelines.

Please provide your child's counselor a copy of the current parenting agreement if applicable. This will ensure NLC is following agreed upon or court enforced; discussion of child's case between the two parents, understanding of co-parenting duties and schedules, co-parenting billing/payment, as well as coordination of services between parents/guardians.

Client Name	Date
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By initialing below you attest that you have been made aware of and understand the Parenting Arrangements process at NLC.		
Initials: Therapist Initials:		
Office Behavioral Guidelines  The counselor will set rudimentary rules for behavior in the office during sessions that include but are not limited to;		
<ul> <li>Remaining in the assigned treatment room during session</li> <li>Using/playing only with counselor provided materials/toys</li> <li>Following counselor's further instruction as necessary</li> </ul>		
At the end of the session, the counselor will lead the child to the waiting room for pickup by the parent(s)/guardian(s). Counselors will not be responsible for taking the child to the parent(s)/guardian(s) car or outside of the waiting room. If the child is unable to leave the treatment room, the parent(s)/guardian(s) will be advised to come into the treatment room to pick up their child.		
By initialing below you attest that you are aware of the Office Behavioral Guidelines policy.		
Initials: Therapist Initials:		
Family Involvement Regular appointments are paramount to positive behavioral change. A change in a child's behavior is many times tied to the family system, family behavior and family rules in place within the home.		
NLC Counselors may ask that one or both parents(s)/guardians(s) be available for their own individual or family sessions as part of the overall treatment.		
By initialing below you attest that you have been made aware of NLC Family Involvement guidelines.		
Initials: Thoronist Initials:		

Client Name Date _	
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## **Child and Teen Confidentiality**

NLC Counselors will explain to the child, based on age appropriateness, that information shared by the child during the session is confidential and private between the child and counselor.

There is an ebb and flow to therapy with a child and their family; the counselor will speak with the child prior to sharing information with the parents(s)/guardian(s). In cases of self harm, suicidal ideation or any other danger to the child the counselor will speak with the parent(s)/guardian(s) without consent of the child.

Depending on the child's age, maturity and family situation, in some cases under the Illinois law (410 ILCS 210), minors 12 and older may receive outpatient counseling without the consent of their parents, up to five visits of 45 minutes each. The minor's parents shall not be informed without the consent of the minor unless the facility director believes such disclosure is necessary (405 ILCS 5/3-501).

Regarding Mental Health Treatment Outside of NLC:

MENTAL HEALTH TREATMENT – VOLUNTARY INPATIENT: Any minor 16 years or older may be admitted to a mental health facility as a voluntary patient if the minor herself executes the application. The minor's parent or guardian shall be immediately informed of the admission (405 ILCS 5/3-502).

SUBSTANCE ABUSE TREATMENT: Minors 12 years of age or older who may be determined to be an addict, an alcoholic or an intoxicated person or who may have a family member who abuses drugs or alcohol, may give consent to medical care or counseling related to diagnosis or treatment. The consent of the parent, parents or legal guardian shall not be necessary to authorize medical care or counseling (410 ILCS 210/4.).

By initialing below you attest that you have been made aware of NLC Child and Teen Confidentiality Guidelines.

Initials:	Therapist Initials:

	Client Name	Date	
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# Child/Teen Signature (if applicable)

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	Date
Parent Signature	
	Date