

CLIENT NAME:

DOB:



Community-Based Clinical Services Informed Consent for Services

1. THE CLINICAL SERVICES PROCESS

Role of the Clinician

You understand that the Clinician's role is to provide mental health and/or behavioral services designed to support emotional well-being, behavioral regulation, communication skills, and social development. The Clinician may utilize a variety of treatment approaches including individual therapy, family therapy, psychoeducation, skills-building, and other trauma-informed interventions, tailored to the needs of the child or adolescent.

The Clinician will listen, observe, ask questions, offer insights, and support the client and family in achieving identified treatment goals. The Clinician may also offer supplementary resources and referrals.

The Clinician is **not authorized to provide legal, medical, or psychiatric advice**. Clinical services are not a substitute for legal counsel, medical, or psychiatric services. If the Clinician determines that other services (e.g., psychiatric care, occupational therapy, case management) are needed, appropriate referrals will be made.

As a **mandated reporter**, the Clinician is legally required to report any suspected abuse or neglect of a child, elderly person, or dependent adult.

Role of the Caregiver(s)

Caregivers play a critical role in supporting clinical services. You agree to:

- Provide complete and honest information relevant to treatment;
- Support participation in recommended services (e.g., individual sessions, family sessions);
- Engage in collaborative planning and provide feedback about your child's progress.

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Role of the Client

Clients, regardless of age, are encouraged to participate actively in services by:

- Sharing their thoughts, feelings, and experiences as they feel safe and ready;
- Engaging in activities and interventions during sessions;
- Practicing new skills between sessions when appropriate.

Collaboration

Clinical services are a collaborative process between the client, caregiver(s), and clinician. Goals and strategies will be developed together, and treatment plans will be reviewed and updated regularly.

2. POLICIES

Non-Discrimination Clause

No individual or family will be refused services due to religion, sex, race, color, national origin, age, sexual orientation, gender identity, physical or mental disability, military status, or developmental disability.

Appointments

Sessions are typically scheduled weekly or biweekly, for 45–60 minutes. Appointment changes must be requested in advance via phone, email, or text. Rescheduling is at the discretion of the clinician, based on availability.

Late Policy

If the client is more than **15 minutes late**, the session may be shortened or canceled. Frequent tardiness may impact participation in the program.

Cancelled or Missed Appointments

- Parents must provide **24-hour notice** for cancellations.
- Missed sessions without notice will be recorded as a **"no-show."**
- **Two consecutive no-shows** or **three cancellations** may result in discharge from services.
- If discharged, a re-referral may not be submitted for six months.

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Communication

You may contact the Clinician via phone, email, or text. The Clinician will respond **during business hours** and **within 24 hours during the business week (M-F)**.

- **Emergency Services:** Little City Clinicians **do not provide emergency or after-hours services**. In an emergency, call **911**, go to the nearest emergency room, or contact **CARES**, Illinois' mental health crisis line at **1-800-345-9049**.
- **Electronic Communication:** Email and text should be **limited to scheduling and logistical matters**. These are not secure communication methods for discussing confidential or sensitive topics. By engaging in email or text conversations with the Clinician, you acknowledge the possibility of inadvertent disclosure of information. Email correspondence may be archived in your clinical record.

Confidentiality

Client information is confidential, with the following exceptions:

- If you **threaten to harm someone else**, the Clinician must notify the intended victim and law enforcement.
- If you **threaten to harm yourself**, the Clinician may disclose information necessary to prevent harm.
- If you **reveal abuse or neglect** of a child, elderly person, or dependent adult, the Clinician is required to report it.
- If a **court of law orders** the release of information, the Clinician must comply.
- If you are **court-ordered for services or testing**, treatment outcomes may be disclosed.
- If the Clinician is **subpoenaed**, certain session details may be disclosed in legal proceedings.

Clinicians may consult with supervisors or other licensed professionals to ensure quality care. Efforts will be made to avoid disclosing identifying information. Consultants are bound by confidentiality.

3. DISCHARGE POLICY

Services may end for any of the following reasons:

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- **Achievement** of treatment goals;
- **Non-compliance** (e.g., missed appointments, refusal to engage);
- Change in **eligibility or funding**;
- A pattern of **limited progress** over six months;
- **Aggressive or inappropriate behavior** toward the Clinician or others, including behavior that requires a **2:1 or higher staff to client ratio**.

Prior to discharge, a case review may be conducted to determine appropriate next steps.

4. PROFESSIONAL GUIDELINES & RECORDS

Professional Guidelines

All clinical services are provided in accordance with applicable state and federal laws, ethical standards, and professional guidelines.

Professional Records

The clinician maintains a **confidential record** of services provided. Caregivers or clients over the age of 18 may request access to the clinical record in writing. Access may be limited to prevent harm to the client or others or to protect third-party confidentiality. It is recommended that records be reviewed with a clinician or healthcare provider.

5. FEES

You have been informed that this service is being provided through the following funding source. Should funding source change, you are obligated to notify your Clinician and recognize that eligibility for services may be re-determined.

- ☐ DCFS Contract ☐ Agency sub-contract ☐ DHS Waiver Funding
☐ Medicaid MCO ☐ Private Pay

Clinical services are **typically provided at no cost** to clients referred to through Medicaid or other approved funding sources. However, **additional services** such as court appearances, special reports, or assessments may incur fees. You will be notified in advance of any charges.

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6. CONSENT TO TREATMENT

By signing below, you acknowledge that:

- You have **read, understand, and agree** to the terms of this consent form;
- You have had the opportunity to ask questions;
- You consent to receive **clinical services** for your child or yourself;
- You understand your right to **refuse or withdraw consent** in writing at any time;
- If services are **court-ordered**, you understand the potential consequences of refusal or withdrawal.

THE ABOVE TERMS AND CONDITIONS ARE ACKNOWLEDGED AND AGREED TO:

Client (aged 12+)

Date

Caregiver/Guardian

Date

Additional Caregiver/Guardian

Date

Clinical Staff

Date

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