



CONSENT FOR ASSESSMENT AND TREATMENT

Client Name _____ Client Date of Birth ____/____/____

I voluntarily consent to the assessment and the treatment offered by The Emerge Center. I give my permission for the staff of The Emerge Center to perform the following service(s):

I have been informed that I, my family member, or the interdict will receive testing and/or treatment from The Emerge Center:

- Speech Therapy assessment and/or treatment
- Occupational Therapy assessment and/or treatment
- Audiology Services
- Specialized consultation: _____
- Psychological assessment and/or treatment
- Other: _____
- Applied Behavior Analysis therapy

This consent is for

- Myself
- My family member (Your name: _____)
- Other (Explain: _____)

I have been informed that I, my family member, or the interdict will receive testing and/or treatment from The Emerge Center. These procedures may involve, but are not limited to: tests of cognitive, perceptual, physical, memory, and social/emotional functioning. I understand that during the interview-intake process, I will be asked about the symptoms and history related to my, my family member's, the interdict's present problem. I have been informed about confidentiality and its limits.

Further,

- I understand that services will be provided by employees of The Emerge Center and its Contractors and that, upon my signature, my, my family member's, the interdict's confidential information may be discussed among The Emerge Center's employees in pursuit of the highest quality of assessment and/or treatment.
- I understand that this consent may be rescinded or modified at any time with a written request to The Emerge Center.
- I understand that these services may include direct, face-to-face contact, interviewing, records review, consultation with other professionals, and other related activities necessary to support these services.
- I understand that there will be no exchange of printed or verbal information outside the The Emerge Center without an appropriate release of information that I review and sign.
- I understand and agree to, for professional training purposes, supervised students observing and/or participating in the rendering of my, my family member's, the interdict's services.

- As part of the student/clinician training process, for reasons related to safety, and/or for consultation with other professionals under The Emerge Center, I understand and agree to the live monitoring or taping for review upon a later date as needed, the video recording of the provision of services for which I am here in providing my consent.
- I understand all information client information strictly confidential. The legal exceptions are:
 - The client, parent/guardian or legal representative authorizes a release of information with a signature
 - To comply with a court order
 - If there is suspicion of abuse or neglect involving a child, elder, or vulnerable person.
 - If the client presents as a danger to self or others
 - Record review as requested by insurance carrier provided authorization has been obtained.
- This consent expires one year from the dated signature.

I give my permission and consent for assessment and/or treatment.

Signature of Individual or Personal Representative by Law

Date

Personal Representative's Relationship/Authority

Signature of BRSHF Representative

Date

NOTE: If the individual is a competent major, he or she is to sign, or make his or her mark on the first line. If the individual is a minor, incompetent major, or unable to sign, the parent, guardian, or correspondent is to sign on the first line and fill in the second line.