

APEX PEDIATRIC THERAPY SERVICES

Phone: (847) 376 9191; Fax: (847) 589 5875
info@apexped.com; www.apexped.com

CONSENT TO TREATMENT & CLIENT'S RIGHTS

Child's Full Name _____

I, _____, the undersigned, hereby attest that I voluntarily give my consent for the minor or person under my legal guardianship mentioned above to be entered into treatment at APEX PEDIATRIC THERAPY SERVICES, LLC. Further, I consent to have treatment provided by an intern in collaboration with his/her supervisor. I understand that there is a team of therapists and not one therapist alone that may work with the child. The rights, risks and benefits associated with the treatment have been explained to me. I understand that either party may discontinue the therapy at any time. The agency encourages that this decision be discussed with the lead behavior analyst. This will help facilitate a more appropriate plan for discharge.

Client's Rights: I certify that I have received the Client's Rights forms and certify that I have read the privacy of information form.

Non-Voluntary Discharge from Treatment: A child may be terminated from the agency non-voluntarily, if the child is not benefitting or being harmed by continued service, it is evidently clear to the team of therapists that there is no longer a need for service, or for frequently missing appointments without calling ahead or without a valid excuse (to be determined by agency). The child's parent(s) will be notified of the non-voluntary discharge by letter. The parent or legal guardian may appeal this decision with the lead behavior analyst or request to resume services at a later date.

Child's Notice of Confidentiality: Federal and/or Illinois State law and regulations protect the confidentiality of client records maintained by the agency. Generally, the agency may not say to a person outside APEX PEDIATRIC THERAPY SERVICES, LLC that a child attends the program or disclose any information identifying a child unless: 1) the parent consents in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.

Violation of Federal and/or State law and regulations by a treatment facility or provider is a crime. Suspected violations may be reported to appropriate authorities. Federal and/or State law and regulations do not protect any information about a crime committed by a child either at the agency, against any person who works for the program, or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child (or vulnerable adult) abuse or neglect, or adult abuse from being reported under Federal and/or State law to appropriate State or Local authorities. Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful. It is the agency's duty to warn any potential victim when a significant threat of harm has been made. In the event of a child's death, the parents of a deceased child have a right to access their child's records. Professional misconduct by a therapist must be reported by other therapists, in which related child's records may be released to substantiate disciplinary concerns. Parents or legal guardians of non-emancipated minor child have the right to access the child's records.

My signature below indicates that I have been given a copy of my rights regarding confidentiality. I permit a copy of this authorization to be used in place of the original. Child's data of clinical outcomes may be used for program evaluation purposes, but individual results will not be disclosed to outside sources.

I consent to treatment and agree to abide by the above stated policies and agreements.

Signature of Parent/Legal Guardian

Date