

We are interested in providing a fair and objective assessment and therapy process. Our initial assessment is generally 1 hour in length and is with the child and parent(s). During the assessment, we will ask questions concerning your child's education, family, social, legal, and drug history. We will base our counseling recommendation on the information provided by the family and client.

By signing this statement, you agree to allow us to evaluate and counsel with your child in group or individual sessions. We agree to keep this information you provide in accordance with Federal and State Confidentiality guidelines. Issues involving harm to self and others including child abuse are not confidential.

I hereby give consent for the staff of I Choose Change to conduct an initial assessment and ongoing counseling sessions with my son / daughter _____.

I understand that the questions may be asked of personal nature involving such things as chemical use, family history, etc. I understand that the information, which is given during the initial assessment, will be used to help determine the needs of my child and family.

I acknowledge that I have read the Assessment Information and Parental Consent Statement.

Client Guardian Signature

Date

Guardian Signature

Date