



Responsive Centers for Psychology and Learning

7501 College Boulevard, Suite 250 ♦ Overland Park, Kansas 66210
Telephone: (913) 451-8550 ♦ Fax: (913) 469-5266

Appointment Date/Time:

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ASD Screening Clinic Registration Form

Today's Date:		Name of Therapist/Clinician:			
CLIENT INFORMATION					
Client's Last Name:	First Name:	MI:	Birth Date:	Age:	Sex:
Street Address:		City:	State:	Zip:	
Home Phone:	Cell Phone:	Work Phone:	Social Security #:		
School:	Grade:	Teacher/Counselor:	School District:		
Referred by:	Physician	Relative	School	Friend	Other
Name:					
MOTHER'S INFORMATION					
Last Name:	First Name:	MI:	Birth Date:	Social Security #:	
Street Address:		City:	State:	Zip:	
Home Phone:	Cell Phone:	Work Phone:			
Employer:	City:	State:	Zip:		
FATHER'S INFORMATION					
Last Name:	First Name:	MI:	Birth Date:	Social Security #:	
Street Address:		City:	State:	Zip:	
Home Phone:	Cell Phone:	Work Phone:			
Employer:	City:	State:	Zip:		
AUTHORIZATION OF PAYMENT					
I am a private pay client. I will be responsible for payment in full at the time each service is rendered.					
_____		_____		_____	
Printed Name		Signature		Date	

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CONSENT FOR TREATMENT

Welcome to our practice. Please read this document carefully and note any questions you might have so you and your clinician can discuss them. **Once you sign this, it will constitute a binding agreement between us.**

NOTICE OF PRIVACY PRACTICES

By signing this agreement, you and your parent/guardian consent to the use of your personal health information for purposes of treatment, payment, or health care planning, according to the **Notice of Privacy Practices** posted on the Responsive Centers' website and provided at the Responsive Centers' office.

WHAT YOU CAN EXPECT

The purpose of meeting with a clinician is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life, including school. You may be here because you wanted to talk to a professional about these problems; or, you may be here because your parent/guardian, doctor, or teacher had concerns about you. When you meet with your clinician, you will discuss these problems. After listening to your concerns and asking questions, your clinician will suggest a plan for improving these problems. Sometimes these issues will include things you don't want your parent/guardian to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and have more trust in their clinician. Privacy, also called confidentiality, is an important and necessary part of good counseling.

As a general rule, the information you share with your clinician in your sessions is confidential, unless you have given your written permission to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information. In some situations, your clinician is required by law or by the guidelines of the profession to disclose information whether or not you give your permission. Some of these situations are listed below:

- You report you plan to cause serious harm or death to yourself, and your clinician believes you have the intent and ability to carry out this threat in the very near future. Steps will be taken to inform a parent/guardian of what you have told the clinician and how serious your clinician believes this threat is. Your clinician must make sure that you are protected from harming yourself.
- You tell your clinician you plan to cause serious harm or death to someone else who can be identified, and your clinician believes you have the intent and ability to carry out this threat in the very near future. In this situation, your parent/guardian must be informed as well as the person who you intend to harm.
- You are doing things that could cause serious harm to you or someone else, even if you do not intend to harm yourself or another person. In these situations, your clinician needs to use professional judgment to decide whether a parent/guardian should be informed.
- You tell your clinician you are being abused physically, sexually, or emotionally, or that you have been abused in the past. In this situation, your clinician is required by law to report the abuse to the Kansas Department of Social and Rehabilitative Services.
- You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, your clinician will not disclose information without your written agreement *unless* the court requires it. If your clinician is required to disclose information to the court, you will be informed that this is happening.

COMMUNICATING WITH YOUR PARENT/GUARDIAN

Except for situations such as those mentioned above, your clinician will not tell your parent/guardian specific things you share in therapy sessions. This includes activities and behavior that your parent/guardian would not approve of or would be upset by, but that do not put you at risk of serious and immediate harm. However, if your risk-taking behavior becomes more serious, then your clinician will need to use professional judgment to decide whether you are in serious and immediate danger of being harmed. If your clinician believes that you are in such danger, that information will be communicated to your parent/guardian.

Even if your clinician agreed to keep information confidential, it may be important for your parent/guardian to know what is going on in your life. In these situations, you will be encouraged to tell your parent/guardian and you will be helped to find the best way to tell them. Also, when meeting with your parent/guardian, your clinician may sometimes describe the problems you are discussing in general terms, without using specifics, in order to help them know how to be more helpful to you.

SCHOOL

Information will not be shared with your school unless both you and your parent/guardian provides permission. Sometimes your clinician may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for your clinician to give suggestions to your teacher or counselor at school. A very unlikely situation might come up in which your clinician may not have your permission, but both your clinician and your parent/guardian believe that it is very important to be able to share certain information with someone at your school. In this situation, your clinician will use professional judgment to decide whether to share any information.

DOCTORS

Sometimes your doctor and clinician may need to work together; for example, if you need to take medication in addition to seeing a clinician. Your clinician will get your written permission and permission from your parent/guardian in advance to share information with your doctor. The only time information will be shared with your doctor, even without your permission, is if you are doing something that puts you at risk for serious and immediate physical harm.

REQUIRED SIGNATURES

We have read the above information and understand its contents. We give our full consent for treatment. By signing this document, we are also claiming we have the legal right to do so. We have had the opportunity to read and obtain a copy of the Notice of Privacy Practices either at the office or on the website.

Client's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Witness: _____ Date: _____