



CHRISTIAN FAMILY CARE

Serving Children and Families Since 1982

CONSENT FOR SERVICE (EACH ADULT CLIENT MUST SIGN THEIR OWN CONSENT FORM)

3603 N. 7th Avenue.....Phoenix, Arizona 85013.....602.234.1935
6063 E. Grant Road.....Southern Arizona 85712.....520.296.8255
Northern Arizona .....928.443.1150

I voluntarily apply for service or assessment at Christian Family Care (CFC), for myself and/or my child, and understand, consent and agree as follows:

Name of minor, if counseling is for child:

I hereby acknowledge that I am willing, and legally authorized (identification required, if legally authorized), to receive services from CFC, for myself and/or my child, based upon the verbal recommendations given to me by my counselor/caseworker. I understand that I am invited to participate in my (or my child's) assessment and that a service plan will be prepared, reviewed and signed by my counselor/caseworker and myself.

I acknowledge that I have been given an explanation of the specific services being proposed, including the intended outcome, nature and procedures of the proposed services. I have also been advised of any risks and side effects (if any) of the proposed services, including any risks of not proceeding with the proposed services, and alternatives to the proposed services. I reserve the right to revoke this consent at any time unless my services have been court-ordered.

I am aware there may be a therapy animal on the premises.

By signing this document, I also acknowledge that I have received and reviewed the Client Information Packet that contains copies of the following written documents:

- 1. Required Phone Contact Numbers
2. Limits to Confidentiality
3. Notice of Clinical Supervision
4. Consent for Service
5. Communication and Language Assistance
6. Client Rights
7. Notice of Confidentiality of Alcohol/Drug Info
8. Grievance Procedures
9. Behavior Management Policy
10. CFC Notice of Privacy Practices
11. Consent for Contact by Email, Voicemail, and Postal Mail
12. Explanation of Counseling Fees
13. Health Care Directives

Client's Signature Date

Parent/Legal Guardian's signature consenting for care and treatment of Client Date
(To be executed by legally authorized person, if client is incapable of giving informed consent.)