



Central Arizona	2346 N. Central Avenue, Phoenix, AZ 85004	602.234.1935
Southern Arizona	6063 E. Grant Road, Tucson, AZ 85712	520.296.8255
Northern Arizona	3611 Crossings Drive, Suite A, Prescott 86305	928.443.1150

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

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. <i>Required Phone Contact Numbers</i> | 8. <i>Grievance Procedures</i> |
| 2. <i>Limits to Confidentiality</i> | 9. <i>Behavior Management Policy</i> |
| 3. <i>Notice of Clinical Supervision</i> | 10. <i>CFC Notice of Privacy Practices</i> |
| 4. <i>Consent for Service</i> | 11. <i>Consent for Contact by Email, Voicemail, and Postal Mail</i> |
| 5. <i>Right to Receive Communication and Language Assistance</i> | 12. <i>Explanation of Counseling Fees</i> |
| 6. <i>Client Rights</i> | 13. <i>Health Care Directives</i> |
| 7. <i>Notice of Confidentiality of Alcohol/Drug Abuse Information</i> | 14. <i>Voluntary Inclusion in Faith-based Activities</i> |

Voluntary Inclusion in Faith-based Activities preference:

- I need more info before deciding 'Yes' or 'No'
(After discussing with the counselor/caseworker, please check 'Yes' or 'No' below)
- Yes, I would like to include faith-based activities
(I understand I can opt out at any time by verbally requesting to do so with the counselor/caseworker)
- No, I decline to include faith-based activities

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)