

INFORMED CONSENT

As you begin services, River Oak Center for Children, would like to inform you of the following:

Exchange of Information within the Agency. River Oak uses a team approach to providing services, and we provide supervision to all staff who serve your family. Therefore, information about your child's and family's progress will be shared with other River Oak Center for Children personnel, in order to supervise or consult with staff about the best care.

Confidentiality and Mandated Reporting. Communication between you and your child and River Oak staff is confidential. However, under California state laws, **River Oak employees are required to report information to the police, social services and/or others in the following situations:**

- Whenever information is revealed that causes the staff member to know or reasonably suspect that child abuse has occurred, including physical abuse, sexual abuse, emotional abuse, and neglect. Child abuse can include sexting (sending a sexually suggestive picture to someone).
- Whenever information is observed or reported that causes the staff member to suspect that abuse of a dependent adult or elder has occurred, including physical abuse, sexual abuse, neglect, abandonment and financial abuse.
- When serious threats of violence are made toward individuals, groups, or places.
- To prevent serious injury or harm; and
- When serious threats of suicide are made.

Coordination with other agencies. The law allows River Oak to exchange limited information with County Mental Health and agencies that provide care for you/your child. Please see the Notice of Privacy Practices for details.

Right to know about the treatment received. You have the right to be informed of the condition for which treatment is being provided and to ask questions about the services received. You also have the right to be informed of proposed interventions, treatment and medications, the benefits, risks and potential side effects of each and the likelihood of success. You also have the right to know about alternative options for treatment. You have the right to refuse interventions, treatments and medications without risk of losing other treatment services.

Risks and benefits. As with any mental health service, the services are not guaranteed to have specific results. The outcome of the services will be the result of a collaborative effort between you, your child and River Oak staff. Other relationships and events may affect this process. Some of the risks of receiving mental health services include, but are not limited to, uncomfortable discussions regarding challenges and problems, strong emotions, unpleasant memories and changes in relationships with others. Some of the benefits that may occur include, but are not limited to, improved emotional and behavioral functioning, improved relationships and improved feelings about oneself and others.

Audio/video taping advisement. River Oak may use audio/video taping, or third-party review of audio/video materials for teaching staff or program evaluation within the agency. All audio/video taping are considered confidential and are destroyed after clinical use. If audio/video taping is used a specific consent form is required which clearly states the usage for the requests to audio/video tape you or your child.

Transportation. The services for your child may include field trips, recreational activities and other activities or services. River Oak staff may transport your child(ren)/family to these services or activities, by private car or agency van.

Client Name: _____ DOB _____ Program _____

Right to know licensing of treating professionals. River Oak provides training for mental health professionals and you may be seen by a clinical trainee or associate whose work is under the supervision of a licensed mental health professional. You are entitled to know the licensing and education, of any person from whom you receive services. You are welcome to contact the supervisor at any time during treatment.

Name of assigned staff: _____

- I am a licensed mental health professional Degree, License type & Number: _____
- I am unlicensed Degree, Classification, Status: _____

I will be clinically supervised by: _____
(Supervisor's name, license type & number, and telephone number)

Notice to Clients: River Oak and the Board of Behavioral Sciences receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor providing services at River Oak Center for Children as well as services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). To file a complaint, contact Roland Udy at (916) 609-5147 or rudy@riveroak.org or you may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.

Client Name: _____

Signatures:

Date: _____ Caregiver/parent or adult client _____

Date: _____ Caregiver/parent _____

Date: _____ Child/Youth _____

Date: _____ Family member _____

Date: _____ ROCC Staff _____