

RIVER OAK CENTER FOR CHILDREN, INC.
Administrative Office 5445 Laurel Hills Drive, Sacramento, CA 95841

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.

Appointment Cancellations. If an appointment needs to be cancelled, it must be cancelled at least 24 hours ahead of time. For a Monday appointment, please cancel by 5:00 p.m. on Friday. This gives us the opportunity to schedule someone else at that time who needs to be seen. River Oak may close all services if there have been 3 missed appointments without calling to cancel at least 24 hours prior to the appointment. If the services close, you are welcome to request services in the future, by contacting us or calling Sacramento County Access Team (916) 875-1055.

Audio/Video Recording Advisement To protect privacy, audio/video recording by a child/youth, parent, family member or legal representative of any session is strictly prohibited. River Oak may use audio/video recording, or third-party review of audio/video materials for teaching staff or program evaluation within the agency. All audio/video recordings are considered confidential and are destroyed after clinical use. If audio/video recording is used a specific consent form is required which clearly states the usage for the requests to audio/video record you or your child.

Safety Policy River Oak Center for Children strictly prohibits the possession or use of any firearm or other type of weapon on the premises. This includes parking lots, agency sponsored events or activities. Individuals in violation of this policy will be asked to leave the premises. We also request that all weapons and pets be secured before any session occurs in your home.

Transportation Services may include field trips, recreational activities and other activities or services. River Oak staff may transport you or your child to these services or activities, by private car or agency van.

Right to know licensing of treating professionals You may ask about the licensing, certification and education of any person from whom you receive services. River Oak provides training and supervision for mental health professionals. Your child, your family or yourself may receive therapeutic services from a student trainee or registered associate who is under the direct supervision of a licensed mental health professional. At River Oak, all unlicensed student trainees and unlicensed registered associates receive weekly supervision with licensed mental health professional(s).

Notice to Clients:

River Oak receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered practitioner providing services at River Oak Center for Children. To file a complaint, contact Scott Becker @ (916) 609-5100 or sbecker@riveroak.org.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided by individuals licensed and registered by the board. If you have a complaint and are unsure if your practitioner is licensed or registered, please contact the Board of Behavioral Sciences at (916) 574-7830 for assistance or utilize the board's online license verification feature by visiting www.bbs.ca.gov.

Client Name: _____

Signatures:

Date: _____ Caregiver/parent or adult client _____

Date: _____ Caregiver/parent _____

Date: _____ Child/Youth _____

Date: _____ Family member _____