



INFORMED CONSENT TO TREATMENT & SERVICES with Alliance Child & Family Solutions (“ACFS”)

1. **Provision of Treatment & Services:** Alliance Child & Family Solutions (ACFS) is a 501(c)(3) nonprofit agency with the mission of providing life-changing mental health services for all of Texas. Services may include evaluation, assessment, psychotherapy, counseling, therapy, wraparound, case management, workshops, and/or presentations, referred to in full as “Services” throughout these documents. Informed Consent of such services allows for the provision of all these mental health services during the course of participation in services with ACFS. This consent form is valid for participation in any of the ACFS Programs or Services, including but not limited to these programs:
 - a. Alliance Connect (*telehealth services for all ages*)
 - b. Alliance Afterschool (*a partnership in select areas to provide on-site services*)
 - c. Alliance at Home (*services for homebound adults and seniors*)
 - d. Alliance Kids Care (*services for children in foster care*)
 - e. Greater Access & Partnership Program (*services for individuals referred by law enforcement*)
2. **Service Providers:** Depending on the type of Treatment or Services being received, the Service Provider may contain any of the following credentials:
 - a. Full Clinical Licensure (*Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist*)
 - b. Midlevel or Master’s Level Clinicians under Supervision to be Fully Licensed (*Licensed Master Social Worker, Licensed Professional Counselor – Associate/Intern, Licensed Marriage and Family Therapist – Associate, or Qualified Mental Health Professional / QMHP awaiting approval of midlevel licensure*)
 - c. Graduate Practicum Student in completion of a Master’s Degree in a related field.
 - d. Bachelors Practicum Student in completion of a Bachelor’s Degree in a related field.

You will be informed of your Service Provider’s credentials prior to initiating services. Any individuals who are not fully licensed are under supervision to ensure that you will receive the highest excellence of service. If you have any questions regarding any graduate student intern or interim-licensed professional obtaining clinical supervision, you may ask to speak with **Anastasia Taylor, LCSW-S at 817-851-2042 x 626; stas.taylor@acfstexas.com**. These individuals shall be referred to as “Service Providers” throughout applicable documents.

Services will be conducted within the boundaries of Texas Law for Professional Counseling, Marriage and Family Counseling, and/or Social Work.

3. **Participants in Treatment & Services:** “Client” shall refer to either the sole participant or to all participants (family/couples) in Treatment and Services as a single unit as indicated by the signature(s) of all participating parties.
4. **Family/Couple Participants in Treatment & Services:** As a participant in Treatment and Services as a Family or Couple, I/we understand that during the course of Treatment and Services, the Service Provider may request to see a smaller or larger part of the treatment unit (e.g., seeing only an individual participant of couples counseling or seeing a caregiver, parent or siblings in addition to the individual participant of counseling) for one or more sessions. These sessions should be seen as a part of the work that the Service Provider is doing with the individual or family/couple, unless otherwise indicated. The Service Provider may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit, in order to effectively serve the unit being treated. The Service Provider will use his/her best judgment as to whether, when, and to what extent disclosures will be made to the treatment unit, and will also, if appropriate, give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. **Thus, if you are a participant of family/couples counseling feel it necessary to talk about matters that you absolutely want to be shared with no one, you should consult with a Service Provider who can treat you individually.** If there is a request for the records of Treatment & Services conducted as a Family/Couple, the Service Provider will seek the authorization of all members of the treatment unit before releasing confidential information to third parties.
5. **Minor Children/Legal Dependents in Treatment & Services:** Minor children and/or legal dependents participating in Treatment and Services must attest to the legal right and responsibility to Consent to Treatment and Services. Any minor child or legal dependent who has been subject to a court order of any kind must provide evidence of such and a copy of the most recent legal decree prior to beginning Treatment and Services.



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6. **After-Hour Emergencies:**

- a. If you should experience a life-threatening emergency, please call 911 or go to the closest emergency room. If you have other after-hours mental health emergency, you may also contact our main number 817-851-2042 x 1 to be connected to the National Suicide Hotline.
- b. Please call during regular business hours for non-urgent questions or concerns.

7. **Benefits to Services:** Possible benefits to Services include improved cognitive functioning, academic or job performance, health status, quality of life, and awareness of strengths and limitations. **There are no guarantees about what will happen as Services require a very active effort on the part of the Client.**

8. **Risks of Services:** Choosing to participate in Services may include risks of experiencing uncomfortable feelings, such as sadness, guilt, anxiety, anger, frustration, loneliness and helplessness, because the process of providing Services often requires discussing the unpleasant aspects of your life.

9. **Probable Consequences of Not Receiving Services:** Possible consequences of not receiving or participating fully in Services can include impairment of work activities, family relationships, or social functioning. The Service Provider will discuss specifics during Services as Client actions are proposed.

10. **Services Administration:** Services will be administered with the individual and/or family as is needed for maximum benefit, for the duration and frequency discussed at onset of Services. Frequency of services will be dependent on payor source, Client needs, Client availability, and Service Provider or agency availability. Services may be completed in home, provider office, school-based site, videoconferencing, telephonically, or another physical location as agreed upon by both parties and as is determined to be in the best interest of the Client receiving Services.

Treatment modalities may include, but not be limited to: Client Centered Therapy, Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), Family Systems, Gestalt, Motivational Interviewing, Outcomes Oriented Therapy, Play Therapy, Psychoanalytic, Rationale Emotive Therapy, Solution Focused Therapy, Trauma Focused – CBT (TF-CBT), Trust Based Relational Intervention (TBRI), or others.

11. **Alternative Treatments:** Service Provider may assist in recommending additional professionals who can assist in this process. Alternative treatment methods may include medications or supplements as prescribed by a licensed professional, referrals to a higher level of care, and/or additional therapeutic approaches that may not be offered by ACFS at this time or within the timeframe needed by Client. **Service Provider is not able to prescribe medications or complete a psychological evaluation under any of the licensures utilized for services at present.**

12. **Charges:** Fees are based on the length or type of Services provided. Client will be responsible for any charges not covered by insurance, including co-payments, co-insurance, and deductibles. Cash pay rates for fully licensed professionals are \$150/Initial Visit and \$125/Follow Up visit. Our Late Cancellation / No Show Fee is a rate of \$100/visit. Additional services or charges, Financial Assistance Plan fees, group therapy fees, or services provided by an intern are outlined in our Fee Schedule which is available upon request. **NO records will be released until all financial obligations are paid in full. Please see Client Financial Policy for additional details.**

13. **Confidentiality, Harm, and Inquiry:** Information from participation in Treatment and Services is contained in a confidential medical record at ACFS, and I consent to disclosure for use by the Service Provider for the purpose of continuity of care. Per Texas mental health law, information provided will be kept confidential with the following exceptions: 1) if Client is deemed to present a danger to himself/herself or others; 2) if concerns about possible abuse or neglect arise; 3) if concerns about past impropriety or exploitation by a mental health professional; or 4) if a court order signed by a judge is issued to obtain records in which provision of such records outweighs the risks of a treatment letter instead.

14. **Right to Withdraw Consent:** I/we have the right to withdraw my consent for Services of myself or my legal dependent at any time by providing a written request to the Service Provider and/or ACFS.

