



P.O. Box 720  
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## Consent For Treatment

**Thank you for choosing N'Spired By Achievement Family Services & Solutions (NBA Services & Solutions) for your behavioral health needs. The program is Home, School, and Community Based and consists of assessments, individual, family and group therapy, life skills, parenting skills training, and collaboration with community agencies/resources.**

**SERVICES:** NBA Services & Solutions provides quality community-based services to children, teenagers, and families that are identified as high risk, transitioning back into their homes, schools, workforce, and communities. Many of these families are in need of crisis interventions and other supportive services.

**APPOINTMENTS:** Your attendance is very important to us to be able to help you with your concerns. Since we are trying to maximize time and resources in the most effective manner, it is imperative that you do not miss any of your scheduled sessions. If there is an emergency and you need to reschedule an appointment, please let your Case Manager or Therapist know in advance of any changes you may need to make in the dates or times of your scheduled sessions. We sincerely ask youth to call at least one day in advance with any changes.

**STAFF:** We employ professional and high-quality staff that utilizes a TEAM approach to provide wraparound mental health treatment to our clients. Our staff has numerous years of experience in the treatment and supervision of children and families with behavioral and mental health issues. Our staff consists of master's level licensed clinicians in the behavioral sciences and counselors who will be under the supervision of the licensed clinician.

**PRIVACY OF INFORMATION:** In accordance with applicable state and federal laws, it is our policy not to release information regarding your use of services, or any personal matters discussed with our staff. However, there are exceptions that may affect your right to confidentiality. These exceptions are, but not limited to:

1. You may authorize us to release or receive records or other information to an individual of your choice. This may be done only with your written consent.
2. If our staff believes that there is a clear and imminent danger to you or another person, or if there is intent to commit criminal activity, we are mandated by law to report pertinent information to the local authorities and emergency medical services.
3. If we receive a court order for the release of confidential information, we are mandated to provide information in accordance with the court order.

**LIMITS OF CONFIDENTIALITY:** Therapy sessions between a mental health professional and consumer are strictly confidential, except under certain legally defined situations involving threats of self-harm or harm to another, cases of child abuse, elder abuse, or abuse of otherwise dependent individuals. In case of danger to others, we are required by law to notify the police and to inform any intended victim(s). In the case of self-harm, we are ethically bound to inform the nearest relative, significant other or to otherwise enlist methods to prevent self-harm or suicide. In instances of child abuse, elder abuse, or dependent abuse, we must notify the proper authorities.

**ALCOHOL/DRUG TESTING:** To monitor possible substance use, you may be asked to participate in supervised urinalysis at the time of assessment and during the course of service. You will be asked to sign an Alcohol/Drug Testing Consent Form.

**AUDIO/VIDEO TAPES AND DVD:** Audio Tapes, CD's, DVD's, and Videos may be utilized during assessments or counseling. This is so we may better evaluate the information surfaced during the treatment/service delivery process. These audio and video mechanisms are confidential and are used for our instructional purposes only.

**RISKS/BENEFITS:** If counseling does not result in the change you desired, we recommend that you discuss this with your Therapist or Family Advocate so that we can help you decide whether to discontinue services, try alternating treatment techniques, or seek alternative help.

**CONSUMER RIGHTS AND RESPONSIBILITIES:** You will be given a copy of your rights and responsibilities while you are a consumer of NBA Services & Solutions' outpatient program. You will also be given a copy of the Grievance Procedure that you may use if you feel that your rights have been violated or feel that you may have been treated unfairly.

**PROGRAM RULES AND GUIDELINES:** You will be given a copy of the program rules and guidelines as well as possible consequences for failure to adhere to these rules. These rules and guidelines are in place for your benefit and are designed to support successful program completion.

**FOLLOW-UP:** In attempt to improve our services, we routinely conduct evaluation and follow-up studies in which we ask you to assess the services you received from our agency. In the future, we may send you follow-up questionnaires. All participation in these activities are voluntary and any information we gather will remain confidential.

**SOLICITATION:** I acknowledge that I was not solicited by any members of NBA Services & Solutions for services. I hereby state that I have requested their service as entitled to me by Title V of the Federal Government allowing me the freedom of choice in my health care provider. I also acknowledge that I was not offered any goods or promises of goods or cash payments for my decision in choosing this agency for services.

**TERMINATION:** Your participation in our outpatient program is strictly voluntary and you may leave at any time you wish. However, if you are mandated by the court to participate in our program you are not permitted to leave without the court's permission. We encourage you regardless of you being a voluntary or mandated participant in services.

**Please discuss any questions or concerns with your therapist. Your signature below indicates that you Acknowledge receipt of this Notice:**

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Client Name (Please Print)

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Client Signature

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Date

**If Applicable:**

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Client's Parent Name (Please Print)

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Client's Parent/Guardian Signature

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Date