

SAMPLE CLIENT INFORMED CONSENT

By signing this form, I acknowledge that my rights to privacy and confidentiality will be respected by all employees of *(name of your organization)* at all times. I understand that all information that I share with the staff at *(name of your organization)* will be held in the strictest confidence. I further understand that information will only be released to other agencies with my informed signature on the *Client Release of Confidential Information* form, and will only be obtained from other agencies with my informed signature on the *Consent to Obtain Information* form except in the following instances:

- If I pose a danger to myself (i.e., suicide).
- If I pose a danger to someone else (including homicide, child abuse, parent abuse).
- A Judge issues a subpoena, demanding the presence of an *(name of your organization)* employee in a court of law, or requesting the release of my records to said court of law.

The following is a list of *(name of your organization)* employees with whom you may come into contact as our organization provides services to yourself and your family:

(List appropriate employees below)

Client/Family Signature _____ Date _____

Client/Family Signature _____ Date _____

Youth Signature _____ Date _____
(optional)