



**INFORMED CONSENT FOR INITIAL ASSESSMENT
FOR MINOR CHILD OR REPRESENTED ADULT**

Client Name: _____

Client Address: _____

Client Date of Birth: ____/____/____ Client Social Security Number: _____

Printed Name of Representative

Description of Representative's Authority

I understand that by signing this consent for an initial assessment that I am agreeing to allow the above named client to participate in a mental health intake assessment at Prairie View. The purpose of this assessment is to evaluate mental health needs and to develop specific assessment recommendations related to concerns that have brought this client to Prairie View.

I understand that a Prairie View master level therapist will conduct the initial assessment. The assessment will consist of interviews of the above named client, and possibly me. Psychological testing may be recommended to more thoroughly evaluate his/her needs. Some mental disorder can have medical or biological origins and may require a consultation with a physician.

I understand that the therapist may need to discuss the case in a confidential manner with a professional treatment team and/or supervisor for the purpose of providing quality service. I am aware that additional professional staff may be asked to participate in the evaluation and treatment. I understand that the discussion will be kept confidential unless I authorize that information be released or unless allowed or required by law.

I understand that some treatment recommendations may be addressed during the initial interview(s). Once the assessment is complete and an initial treatment plan has been formulated, I will be given the opportunity to review and discuss with the therapist the results of the assessment, the nature of the condition, and any treatment, including alternatives to these recommendations.

I do hereby state and declare that I have the legal right and authority to consent to the assessment by Prairie View for the above-named client and that no divorce decree, revocation or court order has been issued which limits, restricts or denies my right to so consent.

I understand that this consent is voluntary and that I can withdraw my consent at anytime.

Signature of Parent or Authorized Representative

Date

Prairie View Representative

Date