CLIENT RECORD	CATHOLIC CHARITIES, DIOCESE OF METUCHEN INFORMED CONSENT FOR THE PERFORMANCE OF SERVICES, TREATMENT OR OTHER PROCEDURES Version 02102006

A. IDENTIFICATION OF SERVICES, TREATMENT OR OTHER PROCEDURES

1. Describe Services, Treatment or Procedures:

School based counseling

B. STATEMENT OF REQUEST

2. The nature and purpose of the service, treatment or procedure, and if applicable possible alternative methods of treatment, the reasonably foreseeable benefits, the material risks involved, possible outcomes, alternative courses of treatment, consequences of refusing treatment, and the possibility of complications have been fully explained to me. I acknowledge that no guarantee has been made to me concerning the results of the service, treatment or procedure. I understand the nature of the service, treatment or procedure to be (describe in layman's language).

To provide counseling services to a student in a school based setting, including assessment, referral.

3. I request and authorize the performance of the above-named treatment, service or procedure.
4. I have received information relating to confidentiality and Catholic Charities' Privacy Notice.
5. I have received information relating to my rights and responsibilities.
6. I understand that photographs and movies may be taken of this treatment, service or procedure and that they may be viewed by various personnel undergoing training at this or other Catholic Charities' facilities. I consent to may be viewed by such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify the pictures or movie.
b. Said pictures and movies shall be used only for purpose for medical or clinical study or training

(Cross out any parts that do not apply)

C. SIGNATURES

(Appropriate items in Part A and Part B must be completed before signing)

7. PRACTITIONER: I have counseled this client (or guardian) as to the nature of the proposed services, treatment or procedures, material risks involved, and expected results, as described above. I have also discussed potential problems related thereto, possible results of non-treatment, and significant alternative therapies or procedures.

_____
(Signature of Practitioner Obtaining Informed Consent)

8. CLIENT: I understand the nature of the proposed services, treatment or procedures, material risks involved, and expected results, as described above, and hereby request such services, treatment or procedures be performed.

_____ _____
(Signature of Client, if 14 years or older) *(Date and Time)*

9. GUARDIAN: *(When patient is a minor or unable to give consent)* I,_____ guardian of _____understand the nature of the proposed treatment, services or procedures, material risks involved, and expected results, as described above, and hereby request such treatment, services or procedures be performed.

_____ _____
(Signature of Guardian) *(Date and Time)*

_____ _____
(Signature of Guardian) *(Date and Time)*

Last First Middle	**CLIENT IDENTIFICATION NUMBER**