



CONSENT FOR TREATMENT/LIMITS OF CONFIDENTIALITY

I _____, give consent for enrollment in counseling services provided by **Rim Family Services, Inc.** and confirm that I am not enrolled in any other program at this time. All information which I have given is true to the best of my knowledge.

I have been made aware that only an authorized person(s) will have access to my file and that no records, statements or data contained therein may be used to prosecute, charge, or otherwise infringe upon my civil rights. Thus, the confidentiality of my records has been assured to me as stipulated by 42 CRF, Part 2 and Article 7 (commencing with Section 325) of Subchapter 2, Part 1 of Division 5, Welfare and Institution Code. Furthermore, I have been made aware that my written authorization is needed before any confidential information is released, except under the following conditions:

- 1. Child Abuse is observed or reported
- 2. Elderly or infirm abuse is observed or reported
- 3. To prevent bodily harm to another person
- 4. To prevent self-inflicted bodily harm
- 5. Agency intra-staff communication to foster optimum treatment

TELEPHONE CONTACT

My counselor may contact me by phone at: Work _____ Home _____ Other (please specify) _____
A message identifying the: Counselor _____ Rim Family Services _____, may be left at; Work _____ Home _____ Other _____

PROGRAM POLICIES AND REGULATIONS

- 1. No alcohol/drug dealing, use or induced behavior.
- 2. No threats of or actual physical violence.
- 3. No smoking in the building.
- 4. Dress Code: No sleeveless shirts, no bare midriffs or cleavage; pants must be worn to the waist; no undergarments showing at any time; no clothing or accessories with derogatory/alcohol/drug/gang/sexual slogans; no hats or sunglasses worn indoors; shorts and skirts must be to the knee; no other inappropriate clothing or accessories allowed.
- 5. Regular payment of determined fee is expected at time of service.
- 6. Confidentiality regarding other clients is of the utmost importance.
- 7. Advance notice is expected if you cannot keep an appointment. Less than 12 hours notice for an individual appointment may result in partial or full fee charge. Being on time for appointments is expected.
- 8. Perceived problems in the counseling relationship should be discussed immediately with your counselor.
- 9. The Agency is closed on major holidays and for occasional staff training. Notice will be posted.
- 10. Office hours are 9:00am to 6:00pm, Monday through Friday. The answer machine and FAX are always on.
- 11. Inclement Weather Policy: If you feel it is unsafe to attend class due to poor road conditions, contact the Agency for instructions. If the Agency is closed for any reason, there will be a recording on the answer machine.

GRIEVANCE AND NON-DISCRIMINATION

Rim Family Services, Inc. reserves the right to terminate client participation for non-compliance, giving verbal and written notice of cause. The client has the right to appeal termination, or any other grievance resulting from program participation, by submitting a written statement to the Executive Director who will respond within three business days. Rim Family Services pledges no-discrimination on the basis of race, ethnic origin, age, gender, religion or disability.

Client Signature Date

Counselor’s Signature Date

Parent/Guardian Signature Date