

KANSAS CHILDREN'S SERVICE LEAGUE
INFORMED CONSENT
(Fee for service)

It is important that you have a complete understanding of the services you will be receiving from the Kansas Children's Service League (KCSL). Your initials by each item and your signature below shows that you have received, read, and understand our program policies. This information is given to you to help you make an informed decision about your participation in the services provided by KCSL.

Initials

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| _____ | 1. | My rights as a KCSL client have been reviewed with me and I have received a copy of the Client's Rights and Responsibilities. |
| _____ | 2. | I understand that staff providing services to me or my family meets the professional standards and requirements of their position. |
| _____ | 3. | I understand that the state laws of Kansas and KCSL policy require all KCSL staff to report child abuse/neglect or suspected child abuse/neglect to the appropriate authorities. In addition, I understand the KCSL staff also has a duty to warn others of life threatening concerns should it become necessary to do so. |
| _____ | 4. | I understand there can be risks and benefits associated with services and have discussed service specific concerns with my worker. |
| _____ | 5. | I agree to attend scheduled appointments with and to call in advance to cancel when I cannot attend. If I decide that I no longer want my child to participate in the KCSL program, I agree to discuss this in person, rather than over the telephone. |
| _____ | 6. | If appropriate to the service provided by KCSL, I agree to pay \$_____ per session, the amount indicated on the fee agreement. |
| _____ | 7. | I understand that if an emergency arises, I can call the number provided to me to receive immediate assistance. |
| <u>N/A</u> | 8. | I authorize KCSL staff to photograph my child and to use the photograph for internal training and education purposes. I will not be asked to purchase any photographs taken by KCSL. |
| <u>N/A</u> | 9. | I authorize Kansas Children's Service League staff to transport me and/or any family members to appointments, interviews, or other activities associated with my participation in the KCSL program. I understand that each staff member has suitable automobile insurance and release Kansas Children's Service League from any other liabilities associated with the transport. |
| _____ | 10. | Kansas Children's Service League does not utilize physical restraints, locked seclusion or isolation to discipline a child. However I understand if my child is being destructive to others or to him/her self, an employee or caregiver (foster/adoptive parent or other volunteer) may take measures to ensure the safety and well-being of everyone, this includes redirection and positive reinforcement. |
| _____ | 11. | I have received the KCSL HIPAA Notice Of Privacy Practices. |

My signature below indicates that I give my full and informed consent to receive services from KCSL

Parent/Guardian	Date	Youth/Client (10 years of age or older)	Date
Parent/Guardian	Date	KCSL Staff	Date

Policies included herein are subject to periodic review and modification pursuant to changes in federal, state law, local ordinances or case law. 10/03
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