



The Children's Place

2 East 59th Street • Kansas City, Missouri • 64113

Phone: (816) 363-1898 Fax: (816) 822-7711 www.childrensplacekc.org

Parent Support Services Informed Consent

I affirm that I have been informed of the assessment/treatment services available at The Children's Place. I agree that The Children's Place and its staff members have my full consent to perform those diagnostic/therapeutic services for which I have information, as provided by the assigned therapist and as we agree are deemed appropriate in the assessment/treatment of _____.
(Client Name)

I understand that The Children's Place will take steps to advise me of the above-named client's welfare during the course of treatment. I have been given a copy of the Client's Rights Statement.

As a recipient of our services, you should understand the following:

Strict confidence is maintained. Information you provide to our staff will not be released without your authorization, or that of your personal representative, unless (1) we are compelled to release such information by a court order, or (2) unless an individual's physical safety is threatened, or (3) unless the child's legal/parental guardian requests pertinent information.

Client information is routinely shared in clinical supervision and among the treatment team involved within the agency.

I understand it is my responsibility to notify The Children's Place staff if any family member in the home is ill. I understand that if a family member is ill, I may not receive services.

If your family is involved with Division of Family Services Protective Services, Child Protective Services or the Family Court system, we may be required to provide information regarding your family's progress in treatment and/or assessment results.

Under Missouri and Kansas law, the court has the power to order us to disclose information given to us by clients when:

1. Such information pertains to criminal acts or violations of any law or any proceeding in a court of law.
2. When the information concerns matters of adoption, child neglect or child abuse or other matters pertaining to the welfare of children.

We are obligated by law to report information concerning matters of neglect and abuse of children and older adults in Missouri and will report the same in Kansas. Also, we retain the right to consult with our Professional Colleagues concerning your situation if we deem it to be in your best interests.

Signature _____ Date _____

If Client is a Child: I affirm that I am the minor's legal guardian or authorized representative.

Signature _____ Date _____

Relationship to the Child _____