CREATIVE SOLUTIONS
4Kids And Families LLC
A MENTAL HEALTH PRACTICE

Devina Cruickshank Brown, LCSW
Julie Chen, LMHC, CAP

INFORMED CONSENT FOR TREATMENT

I hereby request that _____ born _____ and residing at
Participant Name Date of Birth

_____
Street Address City State Zip Code Telephone Number

be accepted for mental health treatment as described to me.

1. I give my authorization and consent to receive outpatient diagnostic and treatment services from Creative Solutions 4 Kids and Families, LLC.
2. I have been given information regarding my rights and responsibilities as a participant.
3. I have been given information regarding the limits of confidentiality of my records.
4. I have been given information regarding the cost of services from Creative Solutions 4 Kids and Families, LLC. I understand that I am responsible to pay any fee not covered by my insurance provider. These fees are payable each time I come for treatment.
5. I understand that I may address any concerns or grievances with my therapist directly or with any other representative of Creative Solutions 4 Kids and Families LLC. I understand that I may also contact the licensing board, which regulates my therapist's professional practice.
6. I am freely choosing to enter into treatment, and I understand that I may discontinue treatment at any time.
7. I have been given information about the advantages and disadvantages of the treatment recommended as well as other alternatives.

_____ _____
Client Signature Date

_____
Print Name

PARENT OR GUARDIAN:
I, _____, do hereby state that I am the natural parent or legal guardian of the participant; therefore, I am authorized to make this request for and give my consent to the treatment and services mentioned in this form.

_____ _____
Signature of Guardian/Parent Date

_____ _____
Witness Signature Date

4700 Sheridan St., Suite J, Hollywood, FL, 33021. Office: 954-832-3602 Fax: 954-272-7525
Email: info@creativesolutions4kids.com www.creativesolutions4kids.com

4700 Sheridan St., Suite J, Hollywood, FL, 33021. Office: 954-832-3602 Fax: 954-272-7525
Email: info@creativesolutions4kids.com www.creativesolutions4kids.com