

PATIENT RIGHTS AND CONSENT TO EVALUATE/TREAT

As a part of any Evaluation or Treatment received from Jill Hess. You and the child will be working with a professional who is ethically and legally responsible to keep all information gathered in the evaluation or treatment process confidential. Your permission is required to release any information to any other person, except in cases of imminent danger, neglect or abuse as is required by law. You have the right to seek a second opinion or to end the evaluation/treatment at any time. You are entitled to information about the methods and techniques used in the evaluation/treatment, an estimate of the duration of the therapy and the cost to you and your family. You may also ask the child's therapist for information about his/her training and credentials. In any professional relationship, sexual intimacy is not appropriate and should be reported to a Professional Grievance Board. There are state regulatory agencies which govern the practice of licensed and unlicensed therapists in the State of Colorado. You have the right to contact these agencies or the appropriate Grievance Board if you have questions or complaints about the services you receive. The Grievance Board for therapists can be reached at 1525 Sherman Street, Denver, CO. 80203; phone # (303) 866-3248.

I VERIFY THAT I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED ME ABOUT MY RIGHTS AND THE EVALUATION OR THERAPY TO BE COMPLETED. I UNDERSTAND THAT NO GUARANTEE CAN BE MADE TO ME REGARDING THE RESULTS OF THE EVALUATION AND/OR TREATMENT, AND WILL NOT HOLD THE THERAPIST LIABLE FOR THESE RESULTS.

I FURTHER ACKNOWLEDGE THAT MY THERAPIST DOES NOT DIRECTLY BILL INSURANCE COMPANIES, WITH THE EXCEPTION OF MEDICAID, FOR THE SERVICES RENDERED. I AM RESPONSIBLE FOR SUBMITTING MY CLAIM TO MY INSURANCE COMPANY IN ORDER TO BE REIMBURSED FOR SERVICES. (Please note that my therapist will assist in any reasonable way to facilitate your reimbursement payment being made by the responsible agency, insurance company or responsible party in a timely fashion.)

I HEREBY CONSENT AND GIVE PERMISSION FOR EVALUATION/TREATMENT WITH:

JILL HESS

Child's Name

Date of Birth

Parent/ Guardian Name

Relationship to Child

Parent/ Guardian Signature

Date