



Thrive

Healing Center for Children & Families

2542 S. Bascom Ave. Suite 125, Campbell CA 95008
408.963.6437 ph 408.963.6594 fax thrive-hcfc.org

Consent for Treatment & Record Keeping

In order for us to provide you with mental health services, we must have your informed consent for treatment, consent to keep a medical record and provide you with a notice of our privacy practices.

Our record keeping system, which may include computerized billing and treatment information, is designed to protect your personal rights and ensure confidentiality. In the process of providing you with services, there may be other individuals who will have access to your records, including a clinical supervisor, who are or become directly involved in your treatment.

There are also situations under the law in which we are required to release information. Our CONFIDENTIALITY POLICY & LIMITATIONS form outlines these situations in detail. If you have any concerns, please discuss these with your assigned clinician and refer to the “Notice of Privacy Practices” form provided to you.

Consent for treatment and record keeping is required from both parents with legal custody and a copy of the custody orders is required for divorced parents before commencing treatment.

1. I have read and understand the above information and give my consent for treatment and for the keeping of a clinical record for:

(check one) myself my child my ward my conservatee
by Thrive: Healing Center for Families & Children (Name of Provider) _____

Client Name: _____

DOB: _____

Client Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Inability to obtain consent and/or acknowledgement:

Client was not able to give consent and/or acknowledgment at this time: there is no known LPS Conservator or, if the client is a minor, there is no known parent or legal guardian who can be located. *(Describe the efforts made to obtain consent and/or acknowledgment and the reason/s why these could not be obtained).* _____

Authorized Clinician Signature

Date