

OAKCREST TEEN CENTER
SOCIAL SERVICES
RIGHTS and CONSENT

CLIENT NAME: _____

CASE NO: _____

DOB: ____/____/____

GENDER: M F

GRADE: _____

HOME PHONE NO: (____) ____ - ____

EMERGENCY PHONE NO: (____) ____ - ____

The object of the School Based Youth Services Program is to promote healthy adolescent development and to assure that adolescents can obtain support and assistance in an accessible location. The goal of the program is to provide a comprehensive array of services to adolescents at their school. These services include: health and social services, employment, recreation, counseling, educational workshops and family life education.

CLIENT RIGHTS FOR SOCIAL SERVICES

You have a right to:

1. Reasonable access to considerate, empathetic and respectful care by competent staff.
2. Receive care regardless of race, religion, sex, national origin, age, disability, life-style or ability to pay.
3. Informed consent to participate in, or refuse, any service
4. Information regarding your needs and services be kept confidential and your personal privacy and dignity respected.
5. Request to refuse the release of information regarding your services or records, unless otherwise required by law.
6. Present complaints and receive a response within a reasonable time period.
7. Receive SBYSP services free of charge.

CONSENT FOR SOCIAL SERVICES

1. I grant permission to ABH to inquire about my needs for the purposes of providing social services. I consent to such services as provided by ABH staff and/or staff contracted by ABH to provide services. I understand that this consent applies to this, and all subsequent visits, unless I revoke my consent.
2. If the client named above cannot understand his/her rights and provide such consent, then a parent/guardian is informed of those rights and signs for the client.
3. I have discussed with ABH staff my reason(s) for seeking services and I acknowledge that no guarantees have been made to me concerning access to ongoing care, receipt of services or outcomes. I understand my responsibility to provide complete and accurate information concerning my need for services.
4. In general, confidentiality of all communication between ABH staff and me for all services is protected by ABH ethical standards and will be released only with my permission in accordance with Federal laws and state regulations, including if I threaten to seriously hurt myself or someone else or if physical/sexual abuse of a child is disclosed.
5. With this consent, ABH staff or representatives may disclose all or part of my records consistent with state and county laws and regulations.
6. All services are voluntary. Students and families may use as many or as few services as desired. While I consent to having ABH staff provide services to my child, I do not want my child provided with the following services:
_____.

CLIENT SIGNATURE:

DATE: ____/____/____

PARENT/GUARDIAN SIGNATURE (IF UNDER 18)

DATE: ____/____/____

SIGNATURE/TITLE OF STAFF COMPLETING FORM

DATE: ____/____/____

SIGNATURE/TITLE OF SUPERVISOR

DATE: ____/____/____