

## CONSENT FOR TREATMENT AND TELEHEALTH SERVICES

Effective Date: June 18, 2026

### APPLICABILITY

This Consent for Treatment applies to services provided by Psychological Services for Families (PSFF), Counseling Services for Families Professional Corporation (CSFF), A Street Intervention Programs, Imagine Help, and all affiliated clinicians, psychologists, marriage and family therapists, clinical social workers, associates, trainees, interns, contractors, employees, volunteers, programs, and services operating under or on behalf of these organizations.

References within this document to "Practice," "Provider," "Organization," or "Clinician" shall include all affiliated entities and personnel unless otherwise specified.

### CONSENT FOR SERVICES

I voluntarily request and consent to receive mental health, behavioral health, educational, support, assessment, consultation, coaching, case management, court ordered, prevention, intervention, telehealth, or related services offered through the Practice.

Services may include, but are not limited to:

- Individual Therapy
- Family Therapy
- Couples Therapy
- Child and Adolescent Therapy
- Group Therapy
- Telehealth Services
- Psychological Assessment and Testing
- Behavioral Health Services
- Case Management
- Domestic Violence Programs
- Parenting Programs
- Anger Management Programs
- Supervised Visitation Services
- Court Ordered Programs
- Educational and Community Based Programs
- Prevention and Early Intervention Services

### NATURE OF TREATMENT

Mental health treatment may involve discussing personal, emotional, behavioral, family, relationship, educational, medical, legal, or traumatic experiences.

Treatment may involve the exploration of difficult emotions, memories, thoughts, or experiences. At times, treatment may feel uncomfortable, emotionally challenging, or stressful.

Although many clients experience improvement through treatment, no guarantees can be made regarding outcomes, progress, symptom reduction, legal outcomes, court outcomes, family outcomes, educational outcomes, employment outcomes, or other desired results.

Participation in services is voluntary except where participation is required by court order, probation requirements, contractual obligations, agency requirements, or other legal authority.

## CLIENT RESPONSIBILITIES

Successful treatment often depends upon active participation.

Clients agree to:

- Attend scheduled appointments whenever possible
- Participate honestly and openly
- Provide accurate information
- Notify the Practice of significant changes affecting treatment
- Follow agreed upon treatment recommendations when appropriate
- Notify the Practice of medication changes, hospitalizations, or significant safety concerns

## MINORS

When services are provided to minors, parents, legal guardians, or other authorized representatives may participate in treatment decisions as permitted by law.

Certain communications between minors and providers may remain confidential as permitted or required by California law.

## LIMITS OF CONFIDENTIALITY

Information disclosed during treatment is generally confidential. However, confidentiality may be limited under circumstances permitted or required by law, including:

- Suspected child abuse or neglect
- Suspected elder abuse
- Suspected dependent adult abuse
- Threats of serious harm to self
- Threats of serious harm to others
- Court orders and certain legal proceedings
- Program reporting requirements
- Other disclosures required or permitted by law

Additional confidentiality limitations may apply to court ordered programs, probation related services, supervised visitation services, grant funded services, and other specialized programs.

## TELEHEALTH CONSENT

Services may be provided through secure telehealth technologies when clinically appropriate.

Telehealth may include video conferencing, telephone services, secure messaging, electronic communication platforms, patient portals, and other technology based services.

Potential benefits of telehealth include increased access to services, convenience, continuity of care, and reduced travel.

Potential risks include:

- Technology failures
- Service interruptions
- Internet connectivity issues
- Unauthorized access despite reasonable safeguards
- Limitations in emergency response
- Reduced ability to observe certain non verbal information

Clients understand that telehealth may not be appropriate for all situations and that alternative services may be recommended.

Clients agree to participate in telehealth sessions from a location that provides reasonable privacy whenever possible.

## ARTIFICIAL INTELLIGENCE AND TECHNOLOGY ASSISTED DOCUMENTATION

The Practice may utilize secure HIPAA compliant technologies, including artificial intelligence assisted documentation systems, transcription services, scheduling systems, communication systems, administrative support tools, and other technology resources.

These systems may assist with documentation, record keeping, treatment planning support, scheduling, billing, quality improvement, administrative functions, and operational activities.

Artificial intelligence technologies do not replace professional judgment, diagnosis, treatment planning, supervision, clinical decision making, or professional responsibility.

All clinical decisions remain the responsibility of qualified professionals.

## EMERGENCIES

The Practice is not a twenty four hour emergency service.

In an emergency, clients should:

- Call 911
- Call 988
- Contact local emergency services
- Contact a crisis response team
- Go to the nearest emergency room

Electronic messages, email, voicemail, website communications, and patient portals should not be relied upon during emergencies.

## RECORDS AND DOCUMENTATION

Clinical records will be maintained as required by law and professional standards.

Records may be maintained electronically and may be stored using secure systems operated by the Practice and authorized service providers.

## COORDINATION OF CARE

When appropriate and authorized, the Practice may coordinate care with physicians, psychiatrists, schools, hospitals, treatment programs, probation officers, social service agencies, family members, and other providers involved in treatment.

## RIGHT TO WITHDRAW CONSENT

Clients may withdraw consent for treatment at any time unless services are required by court order, probation requirements, contractual obligations, legal authority, or other applicable requirements.

Withdrawal from services may affect treatment outcomes and continuity of care.

## ACKNOWLEDGEMENT

By signing intake paperwork electronically or otherwise receiving services from the Practice, the client, parent, guardian, conservator, or authorized representative acknowledges that this Consent for Treatment and Telehealth Services has been made available, reviewed, and accepted as a condition of receiving services.

Electronic signatures shall have the same force and effect as handwritten signatures to the fullest extent permitted by law.