



North County Lifeline

Youth Services Information and Agreement

I _____, parent of _____

authorize North County Lifeline to provide after school psycho-education groups on Substance Abuse. A Substance Abuse Specialist will be facilitating groups, the program is called **“ADD UP”** at Carlsbad Village Academy for the Carlsbad Union School District. This signed agreement authorizes North County Lifeline to provide services and notifies you that:

1. All psycho-education groups are confidential and will not be discussed outside the group by the facilitator without prior written consent. However, to facilitate the most effective therapeutic interventions, cases will be discussed with my Clinical Supervisor, Tamara Marthens, MFT , # 42967 and /or Charles Francis, Ph.D., #PSY5551.
2. Only a parent or legal guardian can give consent for services.
3. Records concerning services will be retained. Such data will be kept confidential according to all applicable state and federal laws. As part of our contract with Carlsbad Unified School District a release to disclose client information is required so that records maybe audited or inspected by the District. This includes Protected Health Information, investigation reports and all other data in the record.
4. Law compels NCL staff, to take action to protect people by informing appropriate person(s) and/or to inform the other person(s) if we believe your child is in imminent danger of causing serious harm to himself or another person(s).
5. We are mandated to report any reasonable suspicion that a child, dependent adult, and/or elderly adult have been abused.

_____ **(Please Initial)** I acknowledge that I have received the Notice of Privacy Policies that is attached and it details how my protected health information can be used and disclosed.

YES **NO (Please check one)**

I authorize NCL staff to leave voice messages at my home and/or with a family member.

To be completed when parents are separated or divorced:

I may / may not (circle one) legally give consent for services. If there are stipulations that both parents must consent to ongoing services, I agree to contact the other parent and forward his/her consent for treatment to my child’s counselor prior to services.

Please note that only a parent/parents or legal guardian can give authorization for treatment. If both parents have legal custody of the child, both parents’ signatures are required for treatment. If someone other than the parent/parents holds guardianship of the child, legal documentation must be presented before authorizing treatment

I have read the above or had it read or explained to me, understand content, and agree to the conditions. I understand that I can withdraw my consent and terminate from this program and its services at any time. This consent will expire upon termination of your current service.

Student
signature: _____

Print student name: _____
Date: _____

Parent/Legal Guardian
Signature: _____

Print parent/legal guardian name: _____
Date: _____

Office use only (Lifeline or CUSD staff)

Counselor/Staff who reviewed document and/or witnessed Parent/legal guardian sign Youth Services Information Agreement.

Counselor/Staff: _____

_____ Date: _____