FORT BEND COUNTY JUVENILE PROBATION DEPARTMENT

CONSENT FOR SERVICES

Your child **N/A** may be involved in various services as requested or ordered by a Fort Bend County Juvenile Judge, a Fort Bend County Justice of the Peace, and the Fort Bend County Juvenile Probation Department. Psychological services may be one component of his/her rehabilitation program. Your permission is required in order for your child to participate in these services that may not be specifically court ordered by one or more of the above stated legal entities. Monthly counseling fees, in addition to probation fees, may also be a requirement of your child's probation. Please remember a twenty-four hour notice is required if you must cancel your appointment.

LIST OF SERVICES PROVIDED

1. Counseling Services
2. Assessment and Evaluation Services
3. Alcohol/Drug Counseling and or Assessment
4. Urinalysis (Drug Test Only)
5. Tours (Non-Referral Juveniles)

Please note: If your child participates in a Psychological Evaluation/Consultation or Behavioral Health Assessment/Consultation, the written report is property of the court. Parents, child, or attorneys will not be provided a copy of the report by this department. It may be helpful for you and your child to receive feedback regarding the evaluation results; however, it is strongly recommended that you/your child do so in the presence of the evaluator or assigned psychology staff. It is important the results and recommendations are properly interpreted and explained because it is possible clients may misunderstand the report contents, especially if the information presents less than favorable findings. Please remember to address any questions or concerns regarding the results with the evaluator or assigned psychology staff.

You have the right to refuse to sign this document. You have the right to choose which services (all or specific services) to which you are consenting. If you are choosing specific services, please circle the number next to the service(s) to which you give your consent. If you sign this form without circling any service items, your signature means you are providing your permission for all services listed above.

This authorization will expire 180 days from the date shown below unless another date is specified. Once parental permission is given, any and/or all services can be provided to your child at any time as requested by the probation department.

Specification of the date, event or condition upon which consent expires, if 180 days is not agreed upon:

_____

Thank you for your cooperation.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Juvenile Probation Officer Date

FORT BEND COUNTY JUVENILE PROBATION DEPARTMENT

JUVENILE PROBATION DEPARTMENT
122 Golfview Drive
Richmond, Texas 77469

TO	**WHOM IT MAY CONCERN**	DATE	**N/A**
REGARDING	**N/A**	DOB	**N/A**

This is my request and authorization for you to exchange information with the FORT BEND COUNTY JUVENILE PROBATION DEPARTMENT regarding Medical (including Psychiatric), Psychological, Counseling, Social, Legal or Educational information about the person whose name appears in the "Regarding" section above. I also authorize the Juvenile Probation Department to share information about this person with you as well.

_____
Signature of Parent/Guardian
Or Attorney for Child

I, or we, the above signed, understand that we (or any one of us) may revoke this consent at any time except to the extent that action has been already taken in reliance hereon, and this permission shall expire (unless I/we revoke it earlier) on _____.

To the party receiving this information:
This information has been disclosed to you from records whose confidentiality is protected by law. Federal regulations (42 CFR Part 2) prohibit you from making further disclosure of it without the specific written permission of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

FORT BEND COUNTY JUVENILE PROBATION DEPARTMENT

122 Golfview Drive, Richmond, Texas 77469
(281) 633-7400
Fax: (281) 633-7345 – Administration
(281) 633-7344 – Intake
(281) 633-7343 – Psychology

Executive Director
Chief Juvenile Probation Officer
Matthew "Kyle" Dobbs

TO	**WHOM IT MAY CONCERN**	DATE	**N/A**
REGARDING	**N/A**	DOB	**N/A**
FROM:	**N/A** (Probation Officer's Name)	FAX NO.	**N/A**

This is your authorization for a dual release of information, both written and verbal, between the Fort Bend County Juvenile Probation Department and **N/A** Independent School District for any medical, social, psychological, and educational information concerning: **N/A**.

_____
Signature of Parent/Guardian

_____
Juvenile Probation Officer – Witness