

CONSENT FOR SERVICES

Your child _____ 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. Services will be part of his/her rehabilitation program. Your permission is required in order that your child may participate in services that are not specifically court ordered by one or more of the above entities. Monthly counseling fees, in addition to probation fees, may be required as part of your child's probation.

A twenty-four hour notice is required if you must cancel your appointment.

LIST OF SERVICES PROVIDED

1. Individual Counseling
2. Family Counseling
3. Group Counseling
4. Psychological Evaluation/Behavioral Health Assessment
5. Psychological Consultation/Behavioral Health Consultation
6. Psychological Testing
7. Detention Center Counseling
8. Alcohol/Drug Counseling/Assessments
9. Urinalysis (Drug Test Only)
10. 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 psychological 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 none are circled, and you sign this form, it is understood that you give your permission to all services.

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 anytime, 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
 122 Golfview Drive
 Richmond, Texas 77469**

TO:	<u>Whom it may concern</u>	DATE:	
REGARDING:		D.O.B.:	

This is my request and authorization for you to exchange information with 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.