

WEST MICHIGAN PSYCHOLOGICAL SERVICES

259 Hoover, Suite 140
Holland, Michigan 49423



MENTAL HEALTH SCREENING & ASSESSMENT Parent Consent Form

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Contact Information: _____

West Michigan Psychological Services Agrees to the Following:

1. To conduct an interview, which may include the use of various screening and assessments tools as age appropriate. The behavioral health assessment may include information as provided by the Parent/Guardian and/or school staff as appropriate.
2. To continue to provide individual therapy as needed and agreed upon.
3. To inform the parent/guardian of the results of the assessment, including providing information of appropriate community resources. Parent/Guardian has the right to a copy of the assessment.
4. To maintain the child's right to privacy and confidentiality, including protection of the written assessment. In order to share information, a release of information is necessary. Parent/Guardian may have a copy of the release of information.
5. Contact the parent/guardian for follow up.
6. To be a resource for Parent(s)/Guardian(s).
7. To charge child's insurance on Parent/Guardian's behalf with permission.

By signing this agreement, you (Parent/Guardian) agree to allow the above mentioned child to participate in an interview examination and therapy. This assessment will be used to provide recommendations for referral to community and/or school services.

Parent/ Guardian Signature

Date:

Verbal Confirmation

Witness Signature

Date:

Witness Signature

Date: