SOUTHWEST FAMILY
GUIDANCE CENTER & INSTITUTE

NAME: ______________________________

DOB: ____________________ **ID #:** ____________________

Request For Services By A Child 14 Years Of Age Or Older

THIS FORM IS TO BE USED <u>ONLY</u> WHEN A CHILD 14 YEARS OF AGE OR OLDER IS REQUESTING SERVICES ON THEIR OWN BEHALF.

I, ____________________, ______________________________ certify that I am 14 years of age or older and am requesting mental health services for myself from Southwest Family Guidance Center & Institute (SWFGC). By signing below, I acknowledge that SWFGC has advised me of the desirability of involving my parent/guardian/family in my treatment. I have decided that (initial selections below):

_____ **I WOULD LIKE TO INVOLVE MY PARENT/GUARDIAN/FAMILY IN MY TREATMENT, IF POSSIBLE.**

_____ **I WOULD LIKE MY PARENT/GUARDIAN TO BE ADVISED THAT I AM RECEIVING SERVICES FROM SWFGC, BUT I DO NOT WANT THEM TO BE INVOLVED IN THOSE SERVICES.**

_____ **I DO NOT WANT MY PARENT/GUARDIAN TO BE ADVISED THAT I AM RECEIVING SERVICES FROM SWFGC.**

_____ **I UNDERSTAND THAT I ALWAYS HAVE THE OPTION TO INVOLVE MY PARENT/GUARDIAN/FAMILY IN SERVICES.**

Regardless of the option(s) selected above, I understand that no one (including my parent/guardian) will receive information about my treatment without my express consent except to report suspected abuse or neglect, in cases of imminent threat of suicide, homicide, harm to myself, or harm to others, or as otherwise provided by law.

In the case of a medical emergency, suspected abuse or neglect, or an imminent threat of suicide, homicide, harm to myself, or harm to others, I agree that SWFGC may contact the following (must be a person 18 or over):

NAME ______________________________

RELATIONSHIP TO CLIENT ______________________________

PHONE NUMBER ______________________________

ALTERNATE PHONE NUMBER ______________________________

CLIENT'S PRINTED NAME ____________________ **CLIENT'S DOB** __________

CLIENT'S SIGNATURE ____________________ **DATE** __________

THERAPIST'S PRINTED NAME (WITH CREDENTIALS) ____________________ **DATE** __________