

# UNIVERSITY of HOUSTON

## Psychology Research & Services Center (PRSC)



### Children's Assent for Treatment

I, \_\_\_\_\_ (Child's Name) agree to allow the Psychology Research and Services Center to provide me with psychological treatment. I understand that my parent(s) or legal guardian(s) has/have given consent to these procedures. I understand that treatment may include meetings with my therapist and family members, with my therapist and other children, or with my therapist and just myself. These meetings will involve talking about myself and discussing thoughts, feelings, and experiences I may have had. I understand that treatment may also involve taking psychological tests or filling out questionnaires if it is determined to be appropriate by my therapist. I have the right to an explanation as to the nature and purpose of the service I receive and have my questions about these services answered. I have the right to express my thoughts and feelings about this treatment at any time.

Although the information concerning my case may be shared with my parents(s) or legal guardian(s), this information is confidential and may not be made available to other individuals or agencies without the written consent from my parent(s) or legal guardian(s). Staff at this agency are clinical psychologists and advanced graduate students in the Clinical Psychology program. All students are supervised by Ph.D. level psychologists associated with this Center. As such, information about my case may be discussed by psychologists and other professionals within the Center for the purpose of diagnosis, treatment planning, or psychotherapy supervision. In addition there are a few instances in which information concerning my case can be required to be released without my agreement. Such a release of information could occur if:

1. I pose a serious danger to my self or others.
2. There is evidence to suggest child or elder abuse.
3. The court issues a subpoena concerning my records.
4. A valid medical emergency occurs.

I have read and understand what is written above.

Client Signature	Date	Staff/Therapist's Signature	Date
------------------	------	-----------------------------	------

**If Client is under 18 years of age, Parent/Legal Guardian must complete information below:**

Parent/Legal Guardian's Signature	Date	Relationship to Client
-----------------------------------	------	------------------------

[Note: This form should accompany an informed consent form signed by the Child's parent(s) or legal guardian(s)]

**Note: Modification of this Form requires approval of OGC**