



**REQUEST FOR TREATMENT**

I request services through The Family Support Center of Washington County. I understand that all information obtained concerning me and/or my children whether through writing or orally, will be kept confidential with the Center with these exceptions:

1. I sign a release specifying to whom the information is to be released to, what information I want to be released, and for what time period information may be released.
2. Upon proper court order.
3. In emergencies when it appears I may be in danger to others or myself.

**AUTHORIZATION TO RELEASE INFORMATION**

I authorize The Family Support Center to release information to the individuals/organizations noted below. I understand that this information is considered confidential and will only be released at my request or as deemed necessary. I also understand that I may make revisions or revoke this authorization at any time. (A photocopy of this authorization is acceptable with a valid signature).

Release to: \_\_\_\_\_

What information to be released: \_\_\_\_\_

Time duration: \_\_\_\_\_

**MEDICAL CARE AND TRANSPORTATION PERMISSION**

I give permission to The Family Support Center staff to take whatever steps may be necessary to obtain emergency medical/surgical care if warranted for the care and protection of this child while under their supervision. Any expenses incurred will be the responsibility of the child's parent or guardian. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent or other adult acting on the parent's behalf.

In case of emergency, I hereby give permission to The Family Support Center staff to make arrangements for emergency transportation. I also understand that the child will be transported to an appropriate medical facility by the local emergency unit for treatment, if the local emergency resources deem it necessary.

I indemnify and hold harmless The Family Support Center of Washington County for the fulfillments of its legal responsibilities stated above. All of the information on this sheet has been clearly explained to me by a staff member and I acknowledge that I understand it and that I am willing to abide by it.

**CONTRACT RIGHTS (Consumer Rights):**

The Utah Family Support Centers believe that all consumers have rights that must be acknowledged and respected. The following rights are contained in the Family Support Center policies and procedures and are available for clients review. It is important that all consumers have a clear understanding of their responsibilities in using services. Each consumer will be made aware of the following:

1. Confidentiality of information and privacy for both current and closed records.
2. Reasons for involuntary termination and criteria for readmission into the program.
3. Potential harm or acts of violence to consumers or others.
4. Consumer responsibilities and rules of conduct.
5. Grievance and complaint procedures. Freedom and discrimination.
6. The right to be treated with dignity.
7. Utah Clean Air Act

**Parent Agreement**

1. I agree to follow the guidelines as specified by the Family Support Center (FSC) when leaving my child at the facility.
2. I understand that the FSC is designed to assist and support me in my role as a parent/guardian.
3. I agree to call ahead to schedule appointments. (Exceptions can be made in crisis situations).
4. I am aware that crisis situations require the highest priority and I can have my scheduled time canceled to make way for children who are at greater risk of abuse and/or neglect.
5. I agree to keep appointments and to give proper notice of any cancellations. I understand that if I am 15 minutes late without prior contact, my appointment can be canceled and given to another family.
6. I agree to make other care arrangements when my children are ill. I understand that services may be discontinued if I bring my children in when they are ill. Any illness must be reported to the staff prior to drop off.
7. If I fail to comply with FSC rules/guidelines, I may be required to meet with the Director before services can be reactivated.
8. I have the responsibility to request a meeting with the Director at any time there may be concern regarding a staff member. If I do not feel meeting with the Director is appropriate, I will request a meeting with a member of the Board of Directors.
9. I understand that any information obtained about me and/or my children while receiving services from FSC is considered confidential with these exceptions: (1) I sign a release of information; (2) If a court order is presented; (3) If I appear to be a danger to myself or others; (4) In cases where child abuse and/or neglect is suspected; (5) And as the law requires.
10. I have received a copy of the parent handbook and understand its contents. I understand that as long as I am receiving services from FSC, I must abide by the guidelines outlined in the handbook.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_