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## CONSENT FOR PARTICIPATION IN THE FRIENDS PROGRAM

Child's Name: \_\_\_\_\_

I authorize my child to participate in the Friends Program. In authorizing these services, I understand that:

1. The information obtained during the course of evaluation and/or treatment of my child is confidential and will not be shared with others without my consent. The only exceptions are in the case of a court order or if there is a concern about the safety of my child or others. If it should be necessary to release information in these exceptional circumstances, every effort will be made to discuss the situation with me prior to the release of information.
2. The staff will assure to the best of their ability my child's safety in the office. If my child should engage in behaviors dangerous to him/herself or the therapist(s) during a session and cannot stop these behaviors independently, a staff member may restrain (hold) my child in a safe and non-punitive manner until my child is able to refrain from dangerous behaviors.
3. In the course of evaluation or treatment, young children sometimes seek physical contact with the therapist in the form of hugs, sitting on their lap, or playing out various activities with toy materials. The staff will assure that any physical contact is positive and safe.
4. I can contact the staff whenever I have questions about my child's behavior.
5. The staff has permission to videotape/photograph my child. I am assured that the tape/photo will only be used for clinical or educational purposes and that my child's name will not be disclosed and that the staff will ask for my approval.
6. Any personally identifying information from the parents' group is considered to be **confidential information** not to be shared with anyone outside of the group other than participants' partners, unless explicit consent is given by all persons involved in said information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian