

Psychological Advantages, LLC

GM Launch PAD Program

Greater Minnesota Psychological Assessments for Deaf, Hard of Hearing & Deafblind Children

CONSENT TO SERVICES AND RECIPIENT'S RIGHTS

Client Name:

I, _____ the undersigned, voluntarily consent to having services provided to _____ by Psychological Advantages, LLC through its GM Launch PAD Program (the "Program"). Further, I consent to have the services provided by a psychiatrist, psychologist, social worker, counselor, sub-contractor or intern in collaboration with his/her supervisor. The rights, risks, and benefits associated with the services have been explained to me. I understand that the services may be discontinued at any time by either party. The Program encourages that this decision be discussed with any treating psychotherapist or other healthcare provider.

Recipient's Rights: I have received the Program's Statement of Rights and Responsibilities and have read and understand its content. I understand that as a recipient of services, I may get more information from the Program.

Nonvoluntarily Discontinuance of Services: A client's services may be terminated nonvoluntarily. if: (A) the client exhibits physical violence, verbal abuse, carries weapons, or engages in illegal acts at the clinic, and/or (B) the client refuses to comply with stipulated program rules, refuses to comply with recommendations, or does not make payment or payment arrangements in a timely manner. The client will be notified of the nonvoluntary termination by letter. The client may appeal this decision with the Program Director or request to reapply for services at a later date.

Consent: I consent to receive the services and agree to abide by the policies of GM Launch PAD (Psychological Assessments for Deaf/Hard of Hearing & DeafBlind children)/Psychological Advantages, LLC.

Signature of Client/Legal Guardian

Date

Relationship to Client

(In a case where a client is under 18 years of age and a parent or guardian is authorizing the services).

Witness

Date