

**SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH**

**Juvenile Justice Program**

**A Joint Collaboration between the Department of Behavioral Health and Probation**

**CONSENT FOR TREATMENT (MENTAL HEALTH PLAN)**

1. Treatment services may include assessment, diagnosis, crisis intervention, individual, group or family therapy, medication, daily living and social skills, prevocational training, and/or case management provided by qualified professional staff.
2. Treatment may consist of contacts between qualified professionals and clients, focusing on the presenting problem and associated feelings, possible causes of the problem and previous attempts to cope with it, and possible alternative courses of action and their consequences. The frequency and type of treatment will be planned by you and the treatment staff. Every effort will be made to provide you with services in the language of your choice.
3. Consent for the use of psychotropic medications, if they are recommended by our staff, will be on another form.
4. You are expected to benefit from treatment, but there is no guarantee that you will. Maximum benefits will occur with consistent participation and follow through, but you may feel temporarily worse while in treatment.
5. All information and records obtained in the course of treatment shall remain confidential and will not be released without your written consent except under the following conditions:
  - a. You are a non-emancipated minor, ward of the court, detained at a San Bernardino County Juvenile Assessment and Detention Center, or an LPS conservatee (in which case another person such as your parent or guardian, the court, or your conservator, can obtain all information about you here).
  - b. Summary data about all clients is reported to the Calif. Dept. of Mental Health, as required by them for research and tracking purposes (which includes your name and identifying information);
  - c. Under certain circumstances as set forth in Welfare and Institutions Code Sections 5328 and in Federal HIPAA regulations, which you may read upon request.
  - d. To protect safety and security of minors and staff within the Juvenile Detention and Assessment Center.
  - e. If you reveal information about being the victim of child abuse or neglect, staff is legally mandated to report any suspected incidents of child abuse to the appropriate agencies.
  - f. Any communicated serious threats of physical violence towards reasonably identifiable potential victims of DBH clients will be reported consistent with State law.

*If the HIPAA confidentiality guidelines and State law are different than one that provides greater protection of your health information will be applied.*

6. You have the right to accept, refuse, or stop treatment at any time.
7. You will have a Universal Health Record (UHR) (Medical Record) – Health information and documentation is kept in a Universal Health Record housed at your Juvenile Assessment and Detention Center. Health professionals have access to your Universal Health Record. Health professionals understand the importance of confidentiality and honor state and federal laws regarding disclosure of health information.

Acceptance and participation in the mental health system is voluntary and is not a prerequisite for access to other community services. I have the right to request a change of provider, staff person, therapist, coordinator, and/or case manager to the extent permitted by law.

I have read the above, and I agree to accept treatment and further agree to all conditions set forth herein. I acknowledge that I have received a copy of this consent.

Client: (print) \_\_\_\_\_ (sign) \_\_\_\_\_ Date: \_\_\_\_\_

Witness: (print) \_\_\_\_\_ (sign) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/  
Conservator: (print) \_\_\_\_\_ (sign) \_\_\_\_\_ Date: \_\_\_\_\_