

! This consent allows us to provide treatment to your child, including the as-needed use of special treatment procedures such as physically containing a child who is being unsafe to self or others.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This document is to be signed by the legal guardian and/or parent for the child listed above and is meant to provide the expressed written consent for the psychiatric and psychological residential treatment and associated special treatment procedures that are offered by Jasper Mountain, through the residential programs at Jasper Mountain Center or the SAFE Center. I acknowledge that the following information was explained to me upon the above-named child's intake into a Jasper Mountain residential program:

- **Treatment Approach.** Active treatment and other interventions to be undertaken may include: recreational therapy, individual, group, and family therapy, role plays, drama, evaluation, medications, art and other projective therapy, and milieu behavioral therapy.
- **Alternatives.** Alternative treatments or interventions available, if any: if the child can be treated in a less restrictive setting such as outpatient, day treatment or treatment foster care, these alternatives should be pursued first.
- **Length of Treatment.** Projected time to complete the treatment process: average length of stay in the program is twelve to twenty-four months. Based on anticipated needs, length of treatment, at this time, is estimated to be \_\_\_\_ months.
- **Progress Measures.** Indicators by which progress will be measured: improvement in the issues identified in the initial plan of care, as well as the measurable objectives in the treatment plan, will be used to measure progress.
- **Benefits.** Benefits which can reasonably be expected: improved self-esteem, social, emotional, and/or increased ability to express needs and wants from others.
- **Risks.** Potential risks of treatment: this child's behaviors could get worse before getting better, discussions of topics that are emotionally difficult for you or the child, no improvement of behavioral or emotional issues for the child and his or her relationship with the family, and/or a need for further treatment in another setting.
- **Prognosis of Treatment:** Excellent: \_\_\_\_ Good: \_\_\_\_ Fair: \_\_\_\_ Unknown:

- **Discharge.** Discharge plan, anticipated discharge date, and procedure for discharge: The anticipated discharge placement is: \_\_\_\_\_, the approximate date is: \_\_\_\_\_.  
The discharge process will be developed between your therapist, yourself and your family care team, and it will include your agreement and signature.

**Medications and Right to Refuse.** As the child's guardian and/or parent, I have the authority and legal right to refuse treatment services for the above child, including treatment services generally accepted, such as medication. The consequences of refusing the services outlined by this agency in the child's treatment plan will be verbally and in writing explained to me at the time of refusal of services, in the event a refusal occurs. I am aware that a refusal of services for treatment will be documented in the child's clinical record.

**Behavior Management.** I have been provided an explanation of the behavior management policy of the agency and I authorize the Agency to use the special treatment procedures within the policies of the agency and the State regulating authority including:

- Within the limits of the policy, removing the child from the milieu and other children if he or she becomes a danger to self or others.
- Implementing therapeutic holds as outlined in the policy to contain the child when required to maintain the safety of the child and others around the child.

Note: Pursuant to OAR 413-215-0091, DHS and any of the following: Employees and representatives of the Department; the child in care's attorney; the child in care's court-appointed special advocate; the parent or legal guardian of the child in care if the child in care has not been committed to the custody of DHS or OYA; any governmental agency or unit that has a contract with the child-caring agency to provide care or services to the child in care; and any other person authorized by DHS to permit immediate access to a child in care and access to any area of the premises in which the child in care receives care or services.

My signature reflects that I freely authorize Jasper Mountain to admit my child and use the general and specific treatments that have been explained to me. I acknowledge the potential risks and benefits of treatment. I also acknowledge that I have discussed and agreed with the information about the agency residential programs and the proposed treatment outlined for my child. I am aware that I can withdraw this consent at any time, but my consent is necessary for the treatment of my child.

Guardian/Parent Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Guardian/Parent

Agency QMHP Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Jasper Mountain QMHP