

**ST. LUKE'S BEHAVIORAL SERVICES
CHILDREN'S SPECIALTY SERVICES
FAMILY CONTRACT AND
INFORMED CONSENT**

I agree to actively work with the treatment team to improve the condition of our family. I agree to make a good faith effort to achieve the following:

1. To consistently be available to and participate with the treatment team. I agree to attend sessions, to provide information, and discuss our family with those involved with the treatment interventions; including the physician, nursing staff, therapist(s), teacher, and social worker.
2. To participate at the first available opportunity in the family assessment, social history, and family therapy when requested.
3. To participate in sharing our opinions, thoughts, and feelings about what I believe to be best for our family.
4. To participate in planning for discharge from the program.
5. To follow through with recommendations for services following discharge.

I understand that failure to follow through with the provisions of this contract may undermine the effectiveness of the services being provided to our family and may increase the risk of hospitalization or the need for other intensive psychiatric and/or mental health services.

INFORMED CONSENT

I understand that treatment outcomes may vary and that negative outcomes, including deterioration in my child's behavior and choices, are possible. Based on feedback we have received from families more than 85% of the children who attend our programs benefit from the treatment. I understand that failure to secure treatment at this point may result in a further deterioration in our child's behavior. I have also been informed that alternatives such as inpatient treatment, individual therapy, and residential treatment are available to us should this treatment fail. Having been fully informed of the benefits and potential risks of treatment I consent to the treatment of our child/adolescent.

Parent Signature

Date

Parent Signature

Date

Staff Witness

Date