

United American Indian Involvement, Inc.
Robert Sundance Family Wellness Center
1125 West 6th Street, Suite 103
Los Angeles, CA 90017
Telephone No. 213.202.3970 / Fax No. 213.975.9255

Walking In a New Direction **Youth Prevention and Early Intervention Services**

Informed Consent of Services

The WIND Program utilizes the PHQ-9 as a screening instrument for depression.

The PHQ-9 is a nine-item depression scale of the Patient Health Questionnaire and will be used to gather information for symptoms of depression with participating youths. Upon the completion of the questionnaire, the service provider will derive a score to help select an appropriate treatment option.

WIND services are provided by mental health professionals, substance abuse counselors, and interns/trainees. In all cases, interns/trainees are supervised by Evan Shapiro, Ph.D., licensed psychologist (PSY 15751) and Chris Kamatani, LCSW (LCS 23557).

CONFIDENTIALITY

The client has the right to expect that all communication and records pertaining to his/her care be treated as **confidential** and may not be revealed to anyone outside of United American Indian Involvement, Inc. without written permission. The following exceptions to confidentiality arise from California law:

- 1) A therapist has a reason to suspect that a client presents a danger/threat to self.
- 2) A client communicates a serious threat of physical violence to others.
- 3) A therapist sees, is told of, or notices injuries that clearly indicate that a child is being abused or neglected. A therapist may also report a reasonable suspicion that a child has been abused or neglected.
- 4) A therapist sees, is told of, or notices injuries that clearly indicate elder or dependent adult abuse. A therapist may also report a reasonable suspicion that an elder or dependent adult has been abused.
- 5) Court orders the release of records or testimony needed as evidence in a legal proceeding.

Please Note:

Provider will share screening results with both minor and parent/legal guardian to ensure the next appropriate step. Although parents/legal guardian may be consenting to treatment, it is possible that your child may reveal sensitive information during his/her sessions with the provider. Respecting and securing the youth's privacy will be important in maintaining a trusting relationship with the provider, therefore, certain information pertaining to their treatment and/or that are disclosed personally will not be shared without the youth's consent. However, if the provider believes that the youth presents a

serious risk of harming himself/herself or another, or does not attend sessions, the provider will share that information with you.

I acknowledge that I have read and understand the services provided by the WIND program. I give my consent/assent to participate in the following service(s).

Parent/Guardian's Name (Print): _____ Date: _____

Parent/Guardian's Signature: _____

Minor's Name (Print): _____ Date: _____

Staff's Name (Print): _____ Date: _____

Staff's Signature: _____ Date: _____