

**CHILD/ADOLSCENT CONSENT TO TREATMENT**

I, \_\_\_\_\_ consent and agree to comply with my role in treatment  
*Parent or Guardian Name*

And authorize **The Stern Center** to provide:

- Intake assessments
- Psychological evaluation
- Psychiatric evaluation and medication management
- Therapeutic counseling
- IBHS services
- FBMHS services
- Telehealth

for my child \_\_\_\_\_

The current insurance covering my child is \_\_\_\_\_

Insurance number \_\_\_\_\_

My child does not have any additional insurance (initial)\_\_\_\_\_

I understand that The Stern Center for Developmental and Behavioral Health, Inc. will bill my child's medical assistance plan and/or their commercial insurance that I have for these services, and I give my consent to authorize the release of pertinent medical information to insurance carriers for such billing. **I understand that I am obligated to pay co-payments and deductibles as required by my insurance. I understand I am financially responsible for all non-covered services. I also understand that I will be financially responsible for all treatment fees if I fail to keep the Stern Center informed of changes in my or my child's insurance.**

I understand that all payments are due at the time of service. If the Stern Center sends a bill for services rendered, there will be an additional \$15.00 fee charged per occurrence.

The Stern Center can refuse, suspend, or cancel all future appointments if I fail to keep my account up to date.

Communication between the client and the Stern Center staff is privileged and confidential. The privacy of your health care information is regulated by the Pennsylvania Bureau of Professional and Occupational Affairs and the Health Insurance Portability and Accountability Act (HIPAA). The specifics are described in the Notice of Privacy Practices posted in our office and available to you at the time you sign this form.

I have read this document and understand the above information.

\_\_\_\_\_  
*Parent/ Guardian Signature*

\_\_\_\_\_  
*Date*