

INFORMED CONSENT

I _____ am voluntarily participating in the Iyuha Acu Youth Services Program. I acknowledge that use of services is at will and that termination of participation of services can be terminated at any time by client. Client also acknowledges that all records of participation in Iyuha Acu Youth Services will be kept confidential and if client wants any information to be accessible to anyone but the client and/or their legal guardian the Iyuha Acu Youth Services will need a signed release of information. Client and or guardian also acknowledges confidentiality can and will be broken as mandated by law if there is a:

1. Reasonable suspicion of child abuse
2. There is a reasonable threat of serious harm or danger to client and/or another individual.
3. There is a court order by a judge.

By signing this Informed consent, I acknowledge I understand the confidentiality policy that has been instated by the Iyuha Acu Youth Services.

Also By signing this form I acknowledge not to violate the privacy of any other client who may be utilizing the Iyuha Acu Youth Services Center.

Signed _____ Date _____

Printed _____

Guardian _____ Date _____

Guardian Printed _____

Staff _____ Date _____