

PROJECT COMMUNITY PRIDE
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Treatment Contract & Authorization

- 1) I authorize that I am a legal guardian of _____ and I give permission to Project Community Pride to treat my child. I understand that Project Pride requires family involvement and I agree to participate in regular counseling sessions with my son or daughter. I understand that parents who share legal custody both have a right to participate in the counseling process (separately, if desired).

- 2) I understand that Project Pride offers supportive counseling to children during times of divorce but does not provide expert witness. I understand that Project Pride does not participate in legal matters and does not provide custodial evaluations or mediations. Furthermore, I am aware that Project Pride does not provide court-ordered counseling.

- 3) I have received a confidentiality policy from my therapist and I understand my rights as well as the limits to confidentiality (including any situation in which a minor is in danger). I have given my child's therapist permission to speak with certain parties, (such as school personnel, doctors, etc) and I have noted these parties on a Project Pride release form.

- 4) The Project Pride cancellation policy has been explained to me as follows: I understand that if I am unable to make a scheduled appointment I am asked to give 24 hours notice. Inconsistent attendance or missing three appointments without notice to Project Pride may be reasons for terminating services.

- 5) I understand that Project Pride may terminate a case if a child has not been seen in 30 days or there has been no contact from the child's guardian. A case may be reopened only if the staff decides it is appropriate.

- 6) I realize that Project Pride does not provide long-term therapy, but focuses treatment on the particular goals of each family. The length of treatment varies from case to case, depending on the family's compliance, motivation and progress. If my therapist feels more intense, specialized, or long-term treatment is required, I understand I may be referred to outside services.

- 7) I understand that at any point during treatment it may be recommended that my child and/or my family receive evaluations or outside treatment. Substance abuse treatment or psychiatric evaluations by a medical doctor may be recommended at any time for any member of my family. Refusal to comply with such recommendations may result in termination of services.

Signature of Parent or Guardian

Date