

CORNERSTONE BEHAVIORAL HEALTHCARE

INFORMED CONSENT FOR MAINTENANCE OF A BLENDED FAMILY RECORD FOR CONJOINT FAMILY TREATMENT SERVICES

File# _____

We, _____ grant permission to Cornerstone's _____
Family Members' Names *Program*

to maintain one clinical record for our family. I understand that, by signing this form, we are:

Giving up our right to individualized comprehensive assessments, service plans, progress notes and discharge summaries, which would be based upon our individual mental health needs and describe our individual progress and treatment.

We understand that, at any time, any of us may withdraw this consent and have confidential records maintained for us. We understand that no records of our treatment may be released without our approval or, if indicated, that of a guardian, as outlined in the **Rights of Recipients of Mental Health Services** and the **Rights of Recipients of Mental Health Services Who Are Children in Need of Treatment**. We also understand that our blended family records may not be released without permission of all members of our family for whom this record is kept.

I understand that the content of a blended family record reflect the family based characteristics of the treatment to which we are consenting.

Further risks may include:

Further benefits may include:

Signature: Client *Date*

Signature: Client *Date*

Signature: Client *Date*

Signature: Client *Date*

Signature: Client *Date*

Signature: Client *Date*

Signature: Client *Date*

Signature: Client *Date*

Signature: Client *Date*

Signature: Client *Date*

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