## Family Options Counseling, LLC Alternatives to Sexual Assault Program Informed Consent Policy

Client's Name:	
Treatment:	
and/or psychological assessment that will	ents with specific information regarding the treatment be received while involved in the Alternatives to n is offered in both written and verbal forms.
adolescents between the approximate ages inappropriate sexual behavior or are at ris Assault Program is also appropriate for ch	am is specifically designed to treat children and s of 5-21 years of age who have engaged in k for this type of behavior. The Alternatives to Sexual adolescents, and their families who have been ding being exposed to sexual aggression or being a
The informed consent regarding the treatment Assault Program will expire in one year undigusted expiration date:	nent and assessment through the Alternatives to Sexual nless otherwise specified below.
Research:	
may be used to conduct research about the this treatment program. The purpose of the inappropriate sexual behavior among child	am. The data collected from the client in this program e nature of sexual abuse as well as the effectiveness of his research is to gain a more scientific understanding of dren and adolescents as well as to ensure that the best he research, the client's name will be coded in order to
	f data for research purposes does <b>not</b> expire within a used in research much later than the dates the client is
	te in the treatment, assessment, and/or research can be need to express this withdrawal of their informed
Client	Date
Legal Guardian (if client is under 18)	Date