

**Counseling and Assessments Consent Form**  
**Benton County Juvenile Detention Center**

I authorize Benton County Juvenile Detention Center, through its professional staff, to perform assessments and deliver such treatment as necessary to:

\_\_\_\_\_ while in detention.  
(name of juvenile)

I consent to release of information so that the staff of BCJDC may communicate mental health issues with any physician, nurse, clinic, facility, or program providing care to said juvenile.

I understand that these assessments or treatment (counseling) may be used in making recommendations for continued treatment upon release, suggested placements if return to home is not possible, and/or the appropriateness of Court Sanctions.

I understand that these assessments or treatment in no way guarantees changes in the juvenile or his/her behavior.

I understand that the length of services is limited solely to the time the juvenile is in detention.

I understand that I may request an appointment with the counselor so that he/she may explain to me any questions I may have regarding the information provided.

\_\_\_\_\_  
Signature of Parent/Guardian/Custodian

\_\_\_\_\_  
Date