



Informed Consent and Client Rights

I, _____, acknowledge that I have been informed of my client rights by a Lutheran Counseling and Family Services (LCFS) staff person and that the following has been explained to me:

1. The practice and benefits of birth parent counseling. I will receive services in a safe and pleasant environment. I will be treated with dignity and respect by all employees of LCFS.
2. Counseling will be confidential. I know that I have client rights and the ability to file a grievance. (I can request a copy of HFS 92 – Confidentiality of Records.) I understand that as part of my planning for adoption or parenting, information from my file may be shared with the court, medical personnel, related LCFS staff, and prospective adoptive parents.
3. The LCFS representative will assist me in making a plan for the child, whether it be parenting or placing the child for adoption. If I choose to parent the child, the LCFS representative will assist me in contacting financial, medical and family support services.
4. The LCFS representative will review with me the legal and social implications of either of these decisions. The explanation and meaning of the Termination of Parental Rights (TPR) hearing will be provided both orally and in writing.
5. I have the right to representation by an attorney throughout the TPR process.
6. I understand the termination of parental rights is a final decision and cannot be changed once it has been ordered by the court.
7. When an adoptive placement is chosen, I may be able to participate in the review and selection of an agency-approved, adoptive family for the placement of my child.
8. I understand that I am a voluntary client and may refuse services offered to me.
9. I certify that I am not on medication that would affect my thinking, nor am I under pressure to agree to the termination of my parental rights. This decision has been made voluntarily.
10. I can withdraw this consent in writing at any time or it will be valid for 12 months.
11. I certify that I have not received or been promised anything of value in exchange for the termination of parental rights, except for payments permitted under Wisconsin law.
12. If I believe my rights have been violated I may file a grievance.

I HAVE READ AND UNDERSTAND EACH OF THE ABOVE STATEMENTS. I VERIFY I HAVE RECEIVED A COPY OF THIS FORM. I WILL DISCUSS ANY FURTHER QUESTIONS WITH THE LCFS REPRESENTATIVE.

Name

Date