



Ability Health & Rehabilitation, LLC.

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Participation Acknowledgement Form

File #: _____

Treatment may require the involvement of others when indicated by participant or when clinically indicated. If applicable please sign to indicate that you agree to and understand your involvement in treatment.

- Child is less than four (4) years of age, the parent or legal guardian should be actively involved by being present on the premises and available for consultation with staff during the delivery of services. The parent or legal guardian does not have to participate in the treatment sessions or be present in the room in which the service is being conducted.
- Child four to twelve (4-12) years of age, the parent or legal guardian should be actively involved, the parent or legal guardian does not have to participate in the treatment session, but must be available for consultation with the staff providing the service.
- Child over twelve (12) years of age, the parent or legal guardian should be involved, as appropriate. If the interdisciplinary team recommends that the parent or legal guardian not be involved in any aspect of treatment, then the reasons for excluding the parent or legal guardian should be documented in the treatment plan.
- Child whose parent or legal guardian does not participate in the services, the provider must make appropriate adjustments to the treatment plan to address the parent or legal guardian's lack of involvement.

Parent/Guardian Signature: _____ Date: _____

Other: _____ Date: _____

My relation to the participant: _____