



Bridges, Inc. | 8920 Holly Ave NE Suite 102B, Albuquerque, NM 87122 | 505-856-6880

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**Client Information for Social Skills Group**

Parent/Guardian name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_/\_\_\_/\_\_\_

Today's date: \_\_\_/\_\_\_/\_\_\_

1. Does your child have any health or medical issues that the therapist should be aware of (food allergies, seizure disorder, etc.)?
  
2. Is your child currently on any medication(s)? If so, please list drug name(s)/dosage:
  
3. Who is your child's primary doctor?
  
4. How can we reach you during class if there is an emergency?
  
6. What are your goals for your child during the social skills group?
  
7. Does your child have a history of trying to or running away from structured programs?
  
8. Has your child participated in any youth group activities (Sports, Scouts, Sunday School, etc.)? How did he/she do?



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## Record of Insurance

**INCLUDE A COPY OF ALL APPLICABLE AND CURRENT INSURANCE CARDS IN ORDER FOR US TO DETERMINE ELIGIBILITY OF SERVICES (MEDICAID AND PRIVATE INSURANCE)** In order for Bridges, Inc. to properly submit claims for services rendered we require a record of all active insurance plans the client may be covered under. Please provide information below for all active insurance plans whether you believe the insurance plan will cover rendered services or not. Failure to disclose all active insurance plans may result in the responsible party becoming financially liable for the full balance of services performed.

Record of Insurance for: \_\_\_\_\_,

including, but not limited to: Primary coverage, Secondary coverage or Tertiary coverage.

	Insurance Name	Member #/Subscriber ID
Primary		
Secondary		
Tertiary		
Other: Grants, Trusts, etc.		

By signing you acknowledge all active insurance plans have been identified and all is correct and accurate to the best of your knowledge:

Signature: \_\_\_\_\_

Print: \_\_\_\_\_ Date: \_\_\_\_\_



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### Photo Release Form

I hereby (*check one*)  **consent** and authorize  **do not consent** to, nor do I authorize

Bridges, Inc. to use my likeness in a photograph, audio recordings, and videos, in any and all of its publications, including website entries and social media sites, without payment or any other consideration.

I understand and agree that these materials will become the property of Bridges, Inc. and will not be returned.

I hereby irrevocably authorize Bridges, Inc. to edit, alter, copy, exhibit, publish or distribute these photos/audio recordings/videos for purposes of publicizing the programs of Bridges, Inc. or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to any compensation arising or related to use of the photograph.

I hereby hold harmless and release and forever discharge Bridges, Inc. from all claims, demands, and causes of action which I or any other person acting on my behalf may have by reason of this authorization.

I am 21 years of age and am competent to contract in my own name. I have read/ been read this release before signing below and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**If the person signing is under age 21, there must be consent by a parent or guardian, as follows:**

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and fully understand the contents, meaning and impact of this release.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian's Printed Name



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## **Informed Consent and Client's Rights Support & Skill- Building Groups**

### **Informed Consent :**

Informed Consent is the assured understanding between you and Bridges, Inc. which confirms that you have made or have made for your child the voluntary choice to receive our services. This document explains our business practices and gives a description of our procedures. It also provides information about applicable ethical codes and state and federal laws. It is important that you have a clear understanding of what is expected of you and what you can expect from your staff and from services.

Several components may constitute the basis of informed consent including information regarding:

1. Qualifications of the staff including training, experience and credentials
2. The type of service to be provided and the expected length of service
3. Possible risks, benefits and alternatives to service
4. Your active participation in the service plan with the ability to offer your input about goals throughout the service
5. Possible outcomes of service
6. Procedure for case closure.

### **Client's Rights:**

As a client of services of Bridges, Inc., you/your child has the right:

1. to be treated with respect and courtesy and in a culturally sensitive manner;
2. to make an informed decision whether to accept or refuse services;
3. to terminate services at any time (We kindly ask for a minimum of 14 days notice) ;
4. to be free from abuse, harm, neglect or exploitation for the benefit of staff;
5. to confidentiality as defined by policy and law. All information you share, or what we become aware of through our work with you/your child will remain confidential. There are some circumstances in which this policy becomes void, and we are required by law to release information
  - a. if we become aware through our work that you/your child may be a danger to yourself/himself or others;
  - b. if we become aware of or suspect child abuse or neglect;
  - c. if we become aware of or suspect abuse or neglect of a vulnerable adult;
  - d. if we are court ordered to testify or to submit records for court.

Consenting Adult Initials: \_\_\_\_\_

Bridges Initials: \_\_\_\_\_



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**Participation:**

You are a partner in the progress of your child and we hope you will actively participate in the process. Actively participating means for you to bring your child to sessions on time, communicate honestly with the staff, implement strategies as recommended by staff, and reinforce new skills and concepts presented in group. If you are unable or unwilling to meet these participation requirements, please discuss with the Social Skills Group Facilitator, Stephanie Perdue.

**Cancellations:**

If you cannot attend a scheduled class, we ask that you contact the Bridges office least 24 hours before the group session. Less than 24 hours notice of an absence may be considered a “no show”. Consistent attendance is a critical part of benefiting from the curriculum and building relationships with other group members. Children with excessive absences may be dismissed from the group, on a case by case basis. If this occurs, the child can be placed on the waitlist for an upcoming group.

**Referral:**

If at any time during the course of services, Bridges’ staff determines that your child’s presenting issue could be better addressed through therapeutic care that Bridges, Inc. does not provide, you will be given referrals to appropriate professionals whom you may choose to contact.

**Termination:**

By signing this, you acknowledge and agree that Bridges has the right to and may terminate services to you/your child when Bridges, in its own sole discretion, determines that it cannot continue to provide services to you/your child. By way of example, but not limitation, Bridges will make such a determination when it believes that the safety of Bridges’ staff and/or you/your client is at risk, which may occur when physical restraint techniques are required but the responsible adult has not been trained and certified in restraint techniques.

I have read (or have had read to me), understand, and agree to the above information.

Signature: \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Client’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Director’s or Therapist’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_