

Parent Authorization, Agreement, and Consent for Treatment of Child

As a therapist, my responsibility and goal is the well being of our identified clients and patients. In the case of a child as the primary client, it is essential that parents and/or legal guardians are in an agreement as to decision to treat, the treatment goals, appointment times and the need to maintain client confidentiality. As a result, it is my policy that all minors presented for treatment have the following authorization and consent on file.

Please mark the item most appropriate:

_____ Both legal parents/ guardians agree to the treatment and providing of mental health services for their child and will indicate their consent below.

- If the biological or legally adopted parents are currently separated or going through the divorce process, both parents are still required to sign a Consent for Mental Health Treatment Form before the child can be treated.

_____ There is an official certified divorce decree or a legal custody order that indicates that only one parent is legally permitted to determine and decide on mental health treatment of the child without the consent of other parent (In this case, please provide us with a certified copy of this legal document in its entirety).

_____ The parent presenting child for treatment has no access to other parent due to the following reasons (death, in prison, missing, has left and made no contact, etc...) and therefore will acknowledge that they are the sole primary care taker of the child for mental health treatment and will bare all responsibility for such consent.

Client Initials _____

The therapeutic process is a team approach, especially in the case of a minor child. The following informed consent states that each parent, and/or any legal guardian with authority over the health care decisions of the child, will agree to these terms and communicate effectively with each other as well as with the providers involved to create a supportive and conducive environment for treatment.

Although our responsibility to your child may require our involvement in conflicts between parents and guardians, we need your agreement that our involvement will be strictly limited to that, which will benefit your child. This means, that you each agree as a condition of us treating your child that:

- You realize limits of confidentiality. That although we maintain full confidentiality of your reports and records with our providers and office staff, we cannot enforce confidentiality among family members, parents, siblings, and / or spouses. We do however; ask that each party respect the confidentiality of each family member.

Both Legal Parents/Guardians Consent to Treatment

Legal Parent 1:

I, _____, _____ of

(parent/legal guardian name) (relationship to child)

_____, hereby authorize, with the total understanding of

the above-mentioned terms and conditions, my child(ren) to receive mental health treatment with Hope Pamplin, LPC-S and assume all financial responsibility for their treatment. I affirm that I have the authority to make health care decisions for my child(ren) and am aware that all custodial parents and legal guardians must give consent before treatment begins. I understand and agree that any breach of these agreements may result in the termination of any, and all, of my (or my child(ren)'s relationship(s) with Hope Pamplin, LPC or any of its providers, affiliates, and/or staff members. I have been given the opportunity to ask any questions I may have had and am voluntarily signing this agreement.

Name of Parent: _____

Signature: _____ Date: ____/____/____

Legal Parent 2:

I, _____, _____ of

(parent/legal guardian name) (relationship to child)

_____, hereby authorize, with the total understanding of

the above-mentioned terms and conditions, my child(ren) to receive mental health treatment with Hope Pamplin, LPC-S and assume all financial responsibility for their treatment. I affirm that I have the authority to make health care decisions for my child(ren) and am aware that all custodial parents and legal guardians must give consent before treatment begins. I understand and agree that any breach of these agreements may result in the termination of any, and all, of my (or my child(ren)'s relationship(s) with Hope Pamplin, LPC or any of its providers, affiliates, and/or staff members. I have been given the opportunity to ask any questions I may have had and am voluntarily signing this agreement.

Name of Parent: _____

Signature: _____ Date: ____/____/____

Parent Authorization, Agreement, and Consent for Treatment of Child (Continued)

Divorce, Custody or Legal Issues

I, _____, _____ of
(parent/legal guardian name) (relationship to child)

_____, hereby acknowledge that with the total understanding of the above-mentioned conditions and terms of agreement I authorize my child(ren) to receive mental health treatment at the Hope Pamplin, LPC-S and assume all financial responsibility for their treatment. I affirm that I have the authority to make health care decisions for my child(ren) and am aware that all custodial parents and legal guardians must give consent before treatment begins. I have provided the clinic with a certified or legal copy of the divorce or custody decree that indicates that I have full authority to make any and all decisions in regards to my child's mental health treatment.

I further acknowledge and agree that it is ultimately my responsibility to make sure that I am following all legal conditions set forth by my divorce decree, separation agreements, etc. I acknowledge that the Hope Pamplin, LPC-S is requesting any and all related documents for the benefit of my child and therefore release any liability to Hope Pamplin, LPC-S, any of it's providers, office staff, and/or affiliates resulting from a dispute to this authorization.

I understand and agree that any breach of these agreements may result in the termination of any, and all, of my (or my child(ren)'s relationship(s) with therapist or any of its providers, affiliates, and/or staff members. I have been given the opportunity to ask any questions I may have had and am voluntarily signing this agreement.

Name of Parent: _____

Signature: _____ Date: ____/____/____