



Informed Consent for Child Therapy

Separated/Divorced Parents' Agreement Form

I/We _____ and _____ have brought my/our child _____, age _____, to Tally Iskovitz, LPC, i.e. Sunnyside Therapy, PLLC, for evaluation and/or treatment. I understand that **my child is Ms. Iskovitz's patient** – not me or my (ex)spouse. This is true regardless of who pays Ms. Iskovitz for the evaluation/treatment of my child.

I understand that **Ms. Iskovitz's primary responsibility is my child's best interest** and that Ms. Iskovitz may decide to involve me in my child's evaluation/treatment at her sole discretion. I understand that if payment is not received promptly for services rendered by Ms. Iskovitz to my child, the services may be suspended or terminated at Ms. Iskovitz's sole discretion, pursuant to the ethical guidelines governing psychological care.

I understand that **Ms. Iskovitz is not agreeing to be an expert witness or to testify on my behalf** or on the behalf of any other individual at any deposition, court proceeding, or in any other way. I understand that Ms. Iskovitz may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding at her sole discretion. I understand that should Ms. Iskovitz be called to participate in family court proceedings, she will require a court order prior to disclosing any information, and will disclose only what is in the best interest of my child. In such incidents, hourly rates will apply for preparing documents, phone interviews, and in-person appearances.

By signing below, I agree to the above statements regarding divorced/separated families, and I have the authority to make medical decisions for my child.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____