



## Parent / Guardian Information for Minor Children

Client Name: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Biological Mother

\_\_\_\_\_  
Printed Name of Biological Father

\_\_\_ Married, living together

\_\_\_ Widowed

\_\_\_ Married, living apart (A)

\_\_\_ Unmarried, living together

\_\_\_ Divorced (B)

\_\_\_ Unmarried, living apart-(C)

### Custody Arrangements if A, B, or C

\_\_\_ Joint custody

\_\_\_ Sole custody (parent name)

\_\_\_ With Visitation

\_\_\_ Without Visitation

\_\_\_ Other legal guardian or responsible party (name & relationship): \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Other circumstances (i.e. DVO, restraining order) that affect access to information about this child's mental health treatment. (please describe) \_\_\_\_\_

\_\_\_\_\_

*A legal guardian should accompany children under 16 for psychiatric, psychosocial, and psychological evaluations. The clinician may also request the presence of the legal guardian at some or all follow up and therapy appointments. If a legal guardian is not available to escort the child to those appointments, the guardian should arrange to sign a Release of Information Form to the individual who will bring the child appointments. If the clinician requests the presence of the legal guardian or individual authorized by a release of information to discuss the child's care, and such an individual is not available, the Child will not be seen.*

I have read, and agree to the requirements listed above. I also understand that, in the case of joints custody, both parents have legal access to the child's medical record regardless of which parent requests treatment services.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Responsible Party

\_\_\_\_\_  
Date