

Children as Clients

Parent Authorization for Minor's Mental Health Treatment

In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child. If you are separated or divorced from the other parent of your child, please notify me immediately. I will require a copy of the most recent custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child.

If you share joint custody of your child with someone else, please be aware of the following:

- At all times, I encourage both parents/guardians to be involved in the counseling process of their children. If I communicate anything about the child to one adult, then the other adult will be notified as well.
- I will not counsel with children under the age of fourteen (14) without permission of both parents if they have joint legal custody.
- If ever any information is to be released for medical or legal reasons, a Release of Information Form must be signed by each parent before it will be released.
- The parent bringing the child for their appointment will be responsible for payment at the time. It is not my policy to bill one adult and then the other for shared counseling expenses.
- It is my policy to notify the other parent that I am meeting with your child.
- One risk of child counseling involves disagreement among parents and/or disagreement between parents and therapist regarding the child's treatment. If a disagreement cannot be resolved, you have the right to consult another mental health practitioner. I will provide a referral upon request.
- Information may be released to parents of minor children who have the legal right to access their children's medical information, unless there is a Court order prohibiting one of the parents from access.

I hereby acknowledge that no guarantees have been made to me as to the effect of such treatment on my child's condition. I have read this for and certify that I understand all information provided.

Signature of Parent/Guardian

Date

