

Oz Therapy  
3269 U S Hwy 231 South, Suite 127  
Ozark, AL 36360



## **PARENTS/MINORS**

In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child and be authorized to grant permission for medical treatment. You will be required to provide a copy of this legal paperwork prior to the initial intake appointment. In the state of Alabama, a minor 14 years of age or older must consent to services and will be required to sign all paperwork. A minor 14 years or older must also provide permission to release information to a third party.

For children experiencing the divorce, separation, or distancing of parents, a safe and neutral setting to discuss their feelings can help ease the transition. In order for your child's counseling to be effective, it is important for you to understand how treatment works and to agree to the following terms and conditions. Please read this information carefully and ask me any questions before your child starts treatment.

1. My priority is your child's emotional and behavioral health. Treatment will focus on your child, any adjustments to changing family conditions, and his/her achievement of therapy goals.
2. I will not be involved in any legal issues involving divorce, separation, or custody agreements, nor will I take sides in any disputes between you and the other parent. If you are involved in legal proceedings, please notify me as soon as possible so I can determine how this involvement might affect our work together.
3. I will not be exposed to domestic issues or disagreements over the phone or in the office. Additionally, please make decisions regarding appointments and/or any office procedures prior to visiting Oz Therapy.
4. I will not provide the child's parents' mediation, marital counseling, adult treatment, or custody/parenting evaluations. However, I can provide referrals for those services.
5. I will involve both parents in your child's treatment as necessary and in accordance with my professional judgment, except in cases of abuse or serious impairment on the part of one or both parents, or when your involvement would be detrimental to the child's mental health or treatment.
6. Only in situations where there is a confirmed, documented Court Order will a parent be denied visits to the office.
7. Please protect your child from conflict related to separation, divorce, or custody issues. Try not to argue in front of your child or involve your child in adult conflicts. Whenever possible, support your child's relationship with the other parent.

8. I will provide each parent with updates on your child's progress in treatment as requested. In addition, I will discuss what you can do to improve your child's outcomes in treatment. However, I will not discuss with one parent what the other parent can do to improve outcomes.

9. It is both parents' responsibility to communicate with each other about their child's care, office visit dates, and any other relevant information. I will not communicate your child's session information to each parent separately or contact a non-attending parent following visits.

10. Additionally, I will not call the other parent for consent regarding appointments scheduled or restrict either parent's involvement in their child's care unless authorized by law.

11. I will report safety concerns. Although your child's treatment is a confidential and privileged relationship, if I become concerned that your child's safety is in jeopardy, I will make a report to the authorities.

12. If I feel that the actions of either parent are compromising client care, I have the right to discharge the family from the practice. Your signature below indicates that you agree to these terms and conditions.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_