



If there is a legal document designating one person as the legal/residential/custodial guardian or shared parenting, we must have a copy of the legal document before treating the minor. Fax to 440-460-5413 or email admin@fbhslc.com – both parents must complete a copy of this form.

Minor child Name: _____

Residential/Custodial/Legal parent/guardian Name: _____

Relationship to minor: _____

Birth Parent Status: (please circle) Married Divorced Legally Separated Separation/Divorce in progress Never married Widowed

Minor/Child is not with birth parents

Mother's Name: _____ Phone: _____

Email: _____

Father's Name: _____ Phone: _____

Email: _____

I, _____ custodial/residential parent/legal guardian of

_____ age _____, authorize Family Behavioral Health Services, LLC to assess and treat my child.

I agree that my child is to have confidentiality in the counseling relationship. I understand that confidentiality is limited and that the parent(s)/guardian(s) will be notified if minor child provides information that indicated actual or potential harm to self or others.

I agree to take part in the counseling process as needed, and understand the format of counseling may include any combination of the following:

Individual sessions with the minor child, family sessions, and sessions with just the parent(s)/guardian(s)

I understand that information will be shared between both parent's/guardians unless one parent's rights have been terminated.

I also understand that sessions with parents/guardians may include both parents/guardians.

Guardian Signature: _____ Date: _____

Relationship: _____

Guardian Signature: _____ Date: _____

Relationship: _____