

Breaking Barriers Therapy Center, LLC.

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PARENT CONTACT FORM

At Breaking Barriers Therapy Center LLC., unless Sole Physical Custody can be verified by a custody agreement, both parents need to consent for treatment of a minor. Please provide us with the information to contact the other parent. We will be calling them and/or sending them a letter offering them the opportunity to deny consent. If they do not reply, services will continue.

Parent Name: _____

Address: _____

Phone: _____

Have you discussed therapy services with them? Yes: _____ No: _____

Are there any concerns that we should be aware of:
