



Informed Consent for Therapy with Parents/Guardians

RE: Divorce, Custody or Legal Issues

As a mental health treatment practice our primary focus, responsibility and goal is the treatment and well-being of our identified clients. In the case of a child as the primary client it is essential that parents and legal guardians are not in conflict and are in fact in agreement as to the decision to treat, the treatment goals, appointment times and the need to maintain client confidentiality. The therapeutic process is a team approach, especially in the case of a minor child. The following informed consent states that each parent, and/or legal guardian with authority over the health care decisions of the child, will agree to these terms and communicate effectively with each other as well as with the provider to create a supportive environment for treatment and to assist our therapists toward attempting to achieve the most positive outcome possible.

Although our responsibility to your child may require our involvement in conflicts between parents and guardians, we need your agreement that our involvement will be strictly limited to that which will benefit your child. This means that you each agree as a condition of us treating your child that:

- You shall treat anything that is said in any individual or group therapy session as strictly confidential;
- Our goal is limited to providing treatment and you shall not attempt to gain advantage in any legal proceeding relating to the care and custody of your child from our treatment of your child;
- You shall not request or require us, through subpoena, summons or other means (except as otherwise ordered by a court of competent jurisdiction), to provide testimony in favor of one parent or guardian against another in any legal proceeding relating to the care and custody of your child; and

- If multiple parents or guardians desire to obtain treatment information and/or testimony from an one of our therapists relating to your child in any legal proceeding you shall each consent to the disclosure by executing one or more authorization forms we send to you and you will each share in the cost of producing such records and/or written or live testimony at our established copying charges and/or hourly rates for our therapist's time. If there is a court appointed evaluator, and if appropriate authorization forms are singed, our a court order authorizing disclose the requested treatment and general information about the minor but we will not make any recommendations concerning the child's custody or custody arrangements, unless otherwise ordered by a court.
- I agree to provide Providence Counseling Center with any legal documents that may affect the treatment of the minor child.

I have read the above consent over carefully and understand its content and hereby agree to the terms and conditions and consent to the treatment of my child under these terms and conditions set forth above by signing below.

_____ Date _____
(Parent or guardian)

_____ Date _____
(Parent or guardian)

_____ Date _____
(Therapist)