



Parent Authorization, Agreement, and Consent for Treatment of Minor Children

At RCC, we firmly believe that children heal best when their therapy sessions do not become the source of anxiety or stress due to caregiver conflict about treatment. In the case of a minor child being the identified client, it is essential that parents and/or legal guardians are in agreement as to the decision to treat, the treatment goals, appointment times, payment for services, and the need to maintain client confidentiality.

As a result, it is the policy of our practice (herein referred to as “RCC”) that all minor children presented for treatment have the following authorization and consent on file (check box most appropriate) :

Both Legal Parents/ Guardians Consent to Treatment

- Both legal parents/guardians agree to the treatment and providing of mental health services for their child(ren) and will indicate their consent below.
- If the biological or legally adopted parents are currently separated or going through the divorce process, both parents are still required to sign this Authorization for Mental Health Treatment Form before the child(ren) can be treated.

Divorce, Custody, or Legal Issues

- There is an official certified divorce decree or a legal custody order that indicates that only one parent is legally permitted to determine and decide on mental health/medical treatment of the child(ren) without the consent of other parent (In this case, please provide us with a certified copy of this legal document in its entirety).

Missing or Deceased Parent

- The parent presenting child(ren) for treatment has no access to other parent due to the following reasons (death, in prison, missing, has left and made no contact, etc.) and therefore will acknowledge that they are the sole primary care taker of the child(ren) for mental health treatment and will bear all responsibility for such consent.

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 any 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 providers involved to create a supportive and conducive environment for treatment.

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

- You realize the limits of confidentiality. Although we maintain full confidentiality of your reports and records with our providers and office staff, we cannot enforce confidentiality among family members, parents, siblings, and /or spouses. We do, however, ask that each party respect the confidentiality of each family member;
- You understand that payment is due at the time of your child(ren)'s session regardless of which parent may be legally responsible to cover the full or partial cost of medical/health services. RCC does not mediate payment arrangements between parents, but will gladly provide the presenting parent with a receipt so that they may obtain reimbursement from the other parent;
- Our role 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(ren) from our treatment of your child(ren);
- 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 the other in any legal proceeding relating to the care and custody of your child(ren);
- You understand that in the event that a provider is called into a legal or forensic relationship, or if any therapeutic material should be subpoenaed, at that point the therapeutic relationship may have to be considered terminated, and the provider may decide to no longer provide counseling or related therapeutic services, but will fulfill legal obligations on a factual or forensic basis;
- If there is a court appointed evaluator, and if appropriate authorization forms are signed, or a court order authorizing disclosure of treatment records is sent to us, we will 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;
- We will not provide separate reports to legal guardians and any written documentation provided to one legal guardian will be available to the other legal guardian(s) involved, unless otherwise prohibited by written court order.

Both Legal Parents/ Guardians Consent to Treatment

Legal Parent 1:

I, _____ (*parent/ legal guardian name*),

_____ (*relationship to child*) of

_____ (*child patient*), hereby authorize, with the total understanding of the above-mentioned terms and conditions, my child(ren) to receive mental health treatment at RCC and assume all financial responsibility for their treatment.

I affirm that I have the authority to make health care decisions for my child(ren) and am aware that all custodial parents and legal guardians must give consent before treatment begins.

I understand and agree that any breach of these agreements may result in the termination of any, and all, of my (or my child(ren))'s relationship(s) with RCC or any of its providers, affiliates, and/or staff members. I have been given the opportunity to ask any questions I may have had and am voluntarily signing this agreement.

Name of Parent/ Legal Guardian: _____

Signature: _____ Date: _____

Legal Parent 2:

I, _____ (*parent/ legal guardian name*),

_____ (*relationship to child*) of

_____ (*child patient*), hereby authorize, with the total understanding of the above-mentioned terms and conditions, my child(ren) to receive mental health treatment at RCC and assume all financial responsibility for their treatment.

I affirm that I have the authority to make health care decisions for my child(ren) and am aware that all custodial parents and legal guardians must give consent before treatment begins.

I understand and agree that any breach of these agreements may result in the termination of any, and all, of my (or my child(ren))'s relationship(s) with RCC or any of its providers, affiliates, and/or staff members. I have been given the opportunity to ask any questions I may have had and am voluntarily signing this agreement.

Name of Parent/ Legal Guardian: _____

Signature: _____ Date: _____

Divorce, Custody, or Legal Issues with Only One Parent/ Legal Guardian Required To Sign

I, _____ (*parent/ legal guardian name*),

_____ (*relationship to child*) of

_____ (*child patient*), hereby authorize, with the total understanding of the above-mentioned terms and conditions, my child(ren) to receive mental health treatment at RCC and assume all financial responsibility for their treatment.

I affirm that I have the authority to make health care decisions for my child(ren) and am aware that all custodial parents and legal guardians must give consent before treatment begins.

I have provided RCC with a certified or legal copy of the divorce or custody decree that indicates that I have full authority to make any and all decisions in regards to my child's mental health treatment.

I further acknowledge and agree that it is ultimately my responsibility to make sure that I am following all legal conditions set forth by my divorce decree, separation agreements, etc. I acknowledge that RCC is requesting any and all related documents for the benefit of my child and therefore release any liability to RCC, any of its providers, office staff, and/or affiliates resulting from a dispute to this authorization.

I understand and agree that any breach of these agreements may result in the termination of any, and all, of my (or my child(ren)'s relationship(s) with RCC or any of its providers, affiliates, and/or staff members. I have been given the opportunity to ask any questions I may have had and am voluntarily signing this agreement.

Name of Parent/ Legal Guardian: _____

Signature: _____ Date: _____

Missing or Deceased Parent

I, _____ (*parent/ legal guardian name*),

_____ (*relationship to child*) of

_____ (*child patient*), hereby authorize, with the total understanding of the above-mentioned terms and conditions, my child(ren) to receive mental health treatment at RCC and assume all financial responsibility for their treatment.

I affirm that I have the authority to make health care decisions for my child(ren) and am aware that all custodial parents and legal guardians must give consent before treatment begins.

I hereby swear and affirm under any applicable perjury laws that there is no legal divorce decree, custody order, or separation agreement that restricts or limits me from making any or all decisions in regards to my child's mental health treatment. I further acknowledge that RCC has asked and attempted to collect any and all such documents from me.

I further acknowledge and agree that it is ultimately my responsibility to make sure that I am following all legal conditions set forth by my divorce decree, separation agreements, etc. and acknowledge that RCC is only requesting any and all related documents for the benefit of my child and therefore release any liability to RCC, any of its providers, office staff, and/or affiliates resulting from a dispute to this authorization.

I understand and agree that any breach of these agreements may result in the termination of any and all of my (or my child(ren)'s) relationship(s) with RCC or any of its providers, affiliates, and/or staff members. I have been given the opportunity to ask any questions I may have had and am voluntarily signing this agreement.

Name of Parent/ Legal Guardian: _____

Signature: _____ Date: _____