



**Informed Consent for Therapy of Minors with
Separated/Divorced Parents**

*Privacy of Information Shared in Counseling/Therapy:
Your Rights and Our Policies*

Client's Name: _____

THERAPIST-PARENTS' SERVICE AGREEMENT

Separation/ divorce can cause difficulty and heartache for the entire family. The consequences are far reaching and can create tension, anger and resentment among the adults. Frequently, the adults have strong, unresolved feelings that cause them to unintentionally include their children into conflict for which they are unprepared and ill-equipped.

This form explains tangible boundaries for the emotional and psychological care of your child as he or she begins counseling. It is important that you read and understand the following statements so your child will have the best therapeutic environment possible and you might be fully aware of WCA policies concerning his/her care.

In the case of separation or divorce, WCA desires to obtain written consent from both biological parents at the beginning to therapy via this form. Exceptions may occur with provided appropriate court documentation where upon full custody or primary physical custody was awarded to the parent seeking treatment for their child, or the therapist determines that doing so would place the child in a harmful position by the Non-participating parent [in rare cases].

TERMS OF AGREEMENT

Below, you will find several statements that you must read, understand and accept before your child begins therapy. If you do not understand any of these statements below, or if you need further clarification, please ask your therapist and he or she will be happy to address any of your concerns before you sign this agreement.

> I understand that my child is the identified client – not me, any other sibling, my spouse or ex-spouse. This is true no matter who pays for the evaluation/treatment of my child.

> I understand that the therapist's primary responsibility is my child's best interest and that the therapist may or may not decide to involve me in my child's evaluation/treatment at his or her sole discretion.

> I understand that if payment is not received promptly for the services rendered to my child, the services may be suspended or terminated at therapist's sole discretion, pursuant to the ethical guidelines governing psychological care.

> I understand that my child's therapist is not agreeing to be an expert witness or to testify on my behalf or on the behalf of any other individual other than my child at any deposition, court proceeding, or in any other way. I understand that my child's therapist may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding at his or her sole discretion.

> I understand that the therapist will also charge for the receipt of any correspondence or acceptance of any telephone calls, other than those directly from the court or counsel for my child. I have read, understand and agree to the policy for this found on the **Informed Consent for Therapeutic Services** form (under *Professional Fee* section).

> I have read, understand and agree to the policy found on the **Informed Consent for Therapeutic Services** (under *Professional Fee* section) regarding fees for which I am responsible that are related to my child's therapist's participation in any legal proceedings, should there be any.

By signing below, I have read, understood and agree to all of the above terms of the agreement.

Parent Signature: _____ Date _____

Print: _____

Parent Signature: _____ Date _____

Print: _____

By signing below, I do not agree to the above terms of this agreement.

Parent Signature: _____ Date _____

Print: _____

Parent Signature: _____ Date _____

Print: _____