

INFORMED CONSENT FOR PARENTS/GUARDIANS OF MINOR CHILDREN

Divorce, Custody or Legal Issues

As a mental health treatment facility our primary focus, responsibility, and goal is the treatment and well being of our identified clients. In the case of a minor 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, 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 any legal guardian with authority over the healthcare 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 clinicians 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 (please check to indicate you understanding):

- You shall treat anything that is said in any individual or family therapy sessions as strictly confidential;
- 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 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 the other 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 any one of our clinicians 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 clinician's time.

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.



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I give my permission to the following people to make decisions regarding therapeutic interventions, scheduling appointments and cancelling appointments, if I am not physically present during any appointments:

Name	Relationship to Client	Contact Information (phone and/or email)

- I accept the responsibility of communicating with appropriate parties after every appointment to be updated regarding any change in the treatment plan related to the minor child's therapy.
- I understand that as the custodial parent of the minor child, I am responsible for any and all payments due. Any payment received from the minor child's other parent, guardian, or family member will be deducted and applied appropriately to the child's account. If the account is in default or a payment has not been made, Chrysalis Center will look to me as the sole party responsible for the financial obligations of the account.

I have read and understood this document and will address any concerns or questions with the practice manager. 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.

Chrysalis Center reserves the right to change this agreement as necessary and in accordance with all applicable laws. Current copies of this agreement can be requested anytime and are available on our website. This informed consent is signed in addition to the forms regarding Client Rights and Consent to Treatment, HIPAA/Confidentiality, Financial Agreement, and any Release of Information on file.

Minor Child Name (**please print**): _____

Parent/Guardian Name (**please print**): _____

Parent/Guardian **Signature**: _____ **Date** _____

I have addressed the client's/parent's/guardian's concerns and/or questions, if any. The parent/guardian appears fully competent to give informed consent.

Staff Signature _____ **Date** _____