

Consent for Treatment of Children

The Centers for Family Change requires the written consent of both parents for the treatment of children and adolescents (ages 17 and younger).

Parental Involvement in their child's therapy:

- The involvement of both parents in the therapy process is strongly recommended, even when parents are divorced, separated or never married.
- It is our policy that both parents must consent to treatment.
- It is our belief that *for therapy to be successful, the cooperation of both parents is critical*. However, we are flexible in how we work with parents/families.

Notification of and Consent to a child's therapy:

- *Your therapist will require both parents to provide written consent to treatment.*
 - Both parents can sign the **Application Form** and consent to therapy.
 - A non-attending parent can either sign the **Application Form** or the **Consent and Agreement to Render Services Form** (see page 2).
- If one only of the child's parents is consenting to the child receiving therapy this parent must sign the **Notification of Understanding of Parental Consent to Treatment** (see page 3) stipulating that the other parent is unreachable or completely uninvolved in the child's life for at least the last several years

Confidentiality and Parental Rights to Review their Child's Treatment Record

Parents are entitled to information concerning their child's current physical and mental condition, diagnosis, treatment needs, services provided, and services needed. When children are seen alone the content of these sessions (except for the information noted above) is kept confidential, between therapist and child (ages 12-17) unless the child consents to sharing of such information and/or if the therapist believes that the child is at imminent risk of harming themselves or others. In these instances parents will be notified of the therapist's concern. Any other communication will require the child's permission. Before giving parents any information, the therapist will attempt to discuss the matter with the child, and do his/her best to handle any objections the child may have.

Consent and Agreement to Render Services for Children of Divorced, Separated or Never Married Parents

I hereby consent to my child(ren)'s treatment, at Centers for Family Change.

I understand that a record will be opened in my child(ren)'s name and my child(ren) will be identified as a patient(s) at the Centers for Family Change, with sessions billed in the name of the child(ren). I understand that for my child(ren) to be treated at the Centers for Family Change the consent of both parents is required (unless one parent is unavailable to consent). Moreover, I understand that the Centers for Family Change recommends that both parents participate in therapy. I understand that I may choose to withdraw this consent and have my child(ren)'s treatment terminated. I understand that a withdrawal of consent must be in writing. Please note that if consent is withdrawn the Centers for Family Change reserves the right to have a termination session to assist the child(ren) in ending treatment. I understand that the Centers for Family Change adheres to the Mental Health and Developmental Disabilities Act. Confidentiality does not apply in instances of suspicion of child abuse, and suicidal or homicidal risk.

I understand that the treatment of children often involves family therapy (which may include step-parents or other adults living with children) and may also include occasional collateral contacts with parents without the child(ren) present in the session. I understand that my child(ren)'s therapist will choose the treatment approach that the therapist believes will be most helpful for my child(ren).

I affirm that I have read this Form. Moreover, I affirm that I understand and will adhere to/abide by the Centers for Family Change's policy regarding the treatment of children (including but not limited to the information contained in this form, the Centers' Service Agreement, and other Centers' policies).

Name of child: _____
(identified client)

Names of other children who may also attend therapy:

Signature of parent/guardian:

Date:

Witnessed by:

Date:

Notification of Understanding of Parental Consent to Treatment for Children of Divorced, Separated or Never Married Parents

I have been informed of and agree to adhere to the Centers for Family Change's policy regarding the Consent for Treatment of Children. I understand that this policy requires the written consent of both parents for their child(ren)'s treatment (regardless of whether the child(ren) is/are identified as the client and a case opened in the child's name, or the child(ren) attend the sessions of one parent, when the parent is identified as the client).

By signing this form I am stipulating that I have/will obtain the consent of my child's other parent (by the second therapy session, in writing), or I am stipulating that it is not possible to obtain this parent's consent because this parent is either completely uninvolved in the child(ren)'s life and/or is unreachable, or is incapable of informed consent.

I understand that given circumstances in which the other parent is not reachable, completely uninvolved in the child(ren)'s life (no contact at all with the child for at least several years), or incapable of informed consent) the Centers for Family Change will provide treatment for my child(ren) without the consent of the child(ren)'s other parent. However, I agree that if the child(ren)'s parent should become available or involved in the child(ren)'s life that this parent's consent will be required for treatment and that I will adhere to the Centers' policies regarding the Consent for Treatment of Children.

I (we) stipulate that a good faith effort was made to obtain the consent of the other parent, but this parent _____ was not reachable and/or did not respond to efforts to reach him/her (*Initial here*) _____, and/or is not capable of informed consent _____ (initial here)

I (we) stipulate that the consent of the other parent (in writing) has been obtained or will be obtained by the second session. (*Initial here*) _____

Name of child: _____
(identified client)

Names of other children who may also attend therapy:

Signature of parent/guardian: _____ Date: _____

Signature of other parties attending therapy: _____ Date: _____

Witnessed by: _____ Date: _____