



# Lake Worth Counseling

ADULT • CHILDREN • FAMILY SERVICES

## Parent Agreement & Custody Matters (05/2017)

I am a parent or legal guardian of \_\_\_\_\_. I am requesting counseling services for my child. **Please initial below your role in giving consent for treatment for behavioral health services:**

**PLEASE INITIAL ONE:**

\_\_\_\_\_ I am the **primary parent** and have authority to give consent for treatment for counseling and psychological services at LWC.

\_\_\_\_\_ I have **joint managing conservatorship** with my child's bio mother or bio father and give consent for treatment for counseling and psychological services at LWC. I understand LWC must obtain both parent's consent for treatment if they share or manage child's mental health treatment and that both parents may have access to child's records upon written request.

\_\_\_\_\_ I do NOT have the primary authority to give consent for treatment and understand the primary parent must give full consent for counseling services. The primary parent may attend an intake session or provide a notarized written consent for treatment.

**PLEASE INITIAL ALL:**

\_\_\_\_\_ I agree to notify and also give LWC permission to contact the child's parent or guardian about my child's participation in counseling services at LWC including my child's basic attendance and treatment plan *unless there is cause for harm to client or an active restraining order is in place and such knowledge would jeopardize child's treatment.*

\_\_\_\_\_ I understand the secondary parent, if possessing joint managing conservatorship, has the right to basic attendance and treatment plan and access to the child's session notes (child participation only) upon written request.

\_\_\_\_\_ I agree to provide Lake Worth Counseling with any changes or updates to the custody agreement or upcoming legal matters (litigation, custody hearings, subpoena, changes in visitation rights) that may directly or indirectly involve LWC.

**REQUIRED DOCUMENTS**

\_\_\_\_\_ **Please provide copies of all custody, conservatorship and visitation agreements, court orders applicable to the child. This information must be provided at the same time of the intake session. I have provided the above information and attest it is true and correct. I also understand and agree to the terms of treatment for my child.**

Parent/Guardian Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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