

## Parent Consent Form

Due to changing Pennsylvania laws and a desire to provide the best therapeutic environment for your child, it is necessary to establish the following practice procedures:

Regardless of custody arrangements, it is necessary to have the written consent of both parents for their child to receive therapy.

In an effort to protect the therapeutic relationship between your child and therapist, and to create a safe, conflict free atmosphere, it is necessary that my role with your child be strictly therapeutic and neither myself, nor information regarding your child's progress, treatment plans, records, notes are available for legal/court proceedings.

It is my belief that parents are an integral part of a child's therapy, therefore, meetings between myself and parents will be held periodically for the purpose of updating all of us regarding concerns and progress of your child. Initially these meetings will be with both parents together when your child is not present. Over time we will establish a format that best suits your needs.

To facilitate progress in therapy, it may be necessary for me to consult with others familiar with, or providing service to your child, such as guidance counselor, teacher, physician, etc. In order to do so I will request a consent form signed by both parents. Should you desire me to speak with any other persons for the purpose of your child's therapy, a signed consent form is also required.

Financial responsibility will be established and must be agreed upon by both parents. Payment will be made at the time of service. I will provide to you information necessary for insurance reimbursement.

24 hours notice of cancellation must be provided or time will be billed at the hourly rate.

Please feel free to discuss with me any questions you may have regarding the above procedures. It is my desire to provide a positive therapeutic experience for your child and your family and I look forward to working together.

Your signature below indicates you have read, understood and agreed to the above practice procedures.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

