

Shared-Parent/Guardian Consent for Evaluation and Treatment

Name of Clinician: _____
945 – 11th Avenue, Suite B, ~ Longview, WA 98632 ~ 360-414-8600

Your child has been referred to my office for psychological evaluation and treatment. This referral could have come from another professional (i.e., physician, teacher, etc.), or by your ex-partner. At this point, I have no reason to believe your ex-partner is legally prohibited from bringing your child to see me, with or without your knowledge or consent. Please inform me if there is documentation to the contrary.

Your rights as a parent to your child are important. To protect your rights, I would like to have your consent for me to see your child. Your consent allows your ex-partner or other responsible adult to transport your child to my office and speak with me to provide any information necessary to help with my evaluation and treatment planning. Your consent includes you in the evaluation and treatment process, and you will retain your right to participate in every aspect of your child's care. I encourage you to speak with me individually as often as necessary and desired.

Your ex-partner has provided the following information about billing and fees:

- All expenses will be covered by your ex-partner and his/her insurance plan.
- Services will be billed under your insurance policy for your child, with any and all remaining co-payments or fees covered by your ex-partner.
- Services will be billed under your insurance policy for your child, with any and all remaining co-payments or fees covered by you.
- Other: _____

Please complete the following:

Child's Name: _____ Birth Date: _____

I give consent for my ex-partner to bring our child for evaluation and/or treatment by the above-named clinician under the conditions outlined above. I have been provided information regarding office policies, including fees, missed appointments or late cancellations, the right to refuse treatment, choosing the best treatment provider, extent of confidentiality, and common questions and answers about my clinician. This information can also be accessed at the following website: www.cfmal.com

Signed: _____ Date: _____

(Please bring this form to the office, or return to your ex-partner to be placed in your child's file)