

TONI ARCHER, INC @ THE 8TH HOUSE

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PARENT AUTHORIZATION, AGREEMENT, AND CONSENT FOR TREATMENT OF CHILD/MINOR

Client's Name: _____

Date of Birth: _____

When a child/minor is the primary client at our counseling office, it is essential that parents and/or legal guardians are in an agreement as to the decision to treatment, the treatment goals, appointment times, and the need to maintain client confidentiality. I understand that my child is the client, not the parent/guardian. This is true no matter who pay for the treatment of the child.

1. Are biological parents ___Married ___Separated ___Divorced ___Never Together
2. Who does the child live with the majority of the time? ___Mom ___Dad ___Other
3. Are there regular visits with the non-custodial parent? ___Yes ___No
4. Are biological parents both actively involved in Minor's life? ___Yes ___No
5. Are biological parents both in support of Minor receiving mental health treatment? ___Yes ___No

As a result, it is the policy of **The 8th House** that all minors presented for treatment have the following authorization and consent on file.

Please check the most appropriate box:

- Both Legal Parents/Guardians Consent to Treatment (complete page 2)**
- Both legal parents/guardians agree to the treatment and providing of mental health services for their child and will indicate their consent below.
 - If the biological or legally adopted parents are currently separated or going through the divorce process, both parents are still required to sign the **Client Information and Consent Form** before the child can be treated.
- Divorce, Custody or Legal Issues (complete page 3a)**
- Who is the Managing Conservator? ___Mother ___Father ___Joint ___Other
 - Are there any step-parents who have been given authority by the court to consent for treatment of the minor? ___Yes ___No
 - If there is an official certified divorce decree or a legal custody order that indicates that only one parent is legally permitted to determine and decide on the mental health treatment of the minor without the consent of the other parent, please provide our office with a **copy of the Court Order/Divorce Decree in its entirety**.
- Missing or Deceased Parent (complete page 3b)**
- The parent presenting the child for treatment has no access to the other parent due to the following reasons (death, in prison, missing, has left and made no contact, etc.) and therefore will acknowledge that they are the sole primary caretaker of the child for mental health treatment and will bare all responsibility for such consent.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Any inquiries/complaints about licensees from this office may be addressed by contacting the following:
Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369

Both Legal Parents/Guardians Consent to Treatment

Legal Parent #1 Name: _____

Relationship to Child/Minor: _____

I affirm that I have the authority to make healthcare decisions for _____.
(name of child/minor)

I am aware that all custodial parents and legal guardians must give consent before treatment begins. I understand and agree that any breach of these agreements may result in the termination of treatment services with **The 8th House**. I am voluntarily signing this agreement.

_____ I agree that I am the Legal Guardian or Managing Conservator of the above-named client and have provided all available information regarding custody agreements applying to the above-named client.

_____ I give consent to **The 8th House** to provide counseling to the above-named client.

Signature: _____ Date: _____

Legal Parent #2 Name: _____

Relationship to Child/Minor: _____

I affirm that I have the authority to make healthcare decisions for _____.
(name of child/minor)

I am aware that all custodial parents and legal guardians must give consent before treatment begins. I understand and agree that any breach of these agreements may result in the termination of treatment services with **The 8th House**. I am voluntarily signing this agreement.

_____ I agree that I am the Legal Guardian or Managing Conservator of the above-named client and have provided all available information regarding custody agreements applying to the above-named client.

_____ I give consent to **The 8th House** to provide counseling to the above-named client.

Signature: _____ Date: _____

Divorce, Custody or Legal Issues (a)

Legal Parent Name: _____

Relationship to Child/Minor: _____

I affirm that I have the authority to make healthcare decisions for _____.
(name of child/minor)

I am aware that all custodial parents and legal guardians must give consent before treatment begins. I understand and agree that any breach of these agreements may result in the termination of treatment services with **The 8th House**. I am voluntarily signing this agreement.

I understand that it is ultimately my responsibility to make sure that I am following all legal conditions set forth by my divorce decree, separation agreement, etc.

_____ I agree that I am the Legal Guardian or Managing Conservator of the above-named client and have provided all available information regarding custody agreements applying to the above-named client.

_____ I give consent to **The 8th House** to provide counseling to the above-named client.

Signature: _____

Date: _____

Missing or Deceased Parent (b)

Legal Parent Name: _____

Relationship to Child/Minor: _____

I affirm that I have the authority to make healthcare decisions for _____.
(name of child/minor)

I hereby swear and affirm under any applicable perjury laws that there I no legal divorce decree, custody order, or separation agreement that restricts or limits me from making any or all decision in regard to my child's mental health treatment. I further acknowledge that **The 8th House** has asked and attempted to collect any and all such documents from me.

I understand that it is ultimately my responsibility to make sure that I am following all legal conditions set forth by my divorce decree, separation agreement, etc. I understand and agree that any breach of these agreements may result in the termination of treatment services with **The 8th House**. I am voluntarily signing this agreement.

Signature: _____

Date: _____