

**CONSENT FOR TREATMENT OF A MINOR**

Minor Client Full Name	Date of Birth
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Mother/Guardian Name	Father/Guardian Name	
Address	Address	
Cell Phone	Cell Phone	
Other Phone	Other Phone	
Email	Email	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Client Lives with:		
Current (Last) School Attended	Years Attended	Grade

**If parents are separated or divorced, please complete the following section and attach a copy of the custody agreement to this document.**

What custody and/or visitation orders are in place?

What is the arrangement for making medical decisions (including mental health) regarding the child?

Which parent will be responsible for payment?

Step Parent Name	Email	Phone
Step Parent Name	Email	Phone

Prior to beginning treatment, it is important to understand Therapeutic Oasis of the Palm Beaches' approach to child therapy and agree to our policies regarding your child's care at our office. The information herein is in addition to the information contained in Therapeutic Oasis of the Palm Beaches' Office Policies and Client Consent for Treatment. Under HIPAA and the APA Ethics Code, Therapeutic Oasis of the Palm Beaches is legally and ethically responsible to provide informed consent. As treatment progresses, we will try to remind you of important issues as they arise.

Therapy is not intended to be the source of additional conflict in a child's life; therefore, Therapeutic Oasis expects both parents to support their child's therapy with a focus on helping the child. At Therapeutic Oasis, we treat the child as the client and expect parents to support the work and wishes of the therapist regarding treatment. Parents have an opportunity to share their thoughts and concerns with their child's therapist during the assessment and intake process. After the initial sessions, parents may partake in their child's treatment process by meeting with a family therapist. A family therapist will be able to answer questions about how therapy works and how your family can best support your child. Any contact with your child's therapist outside

of the regularly scheduled session must be made in accordance with the personalized communication plan that will be given to you. We both hope and expect that parents will have an open mind for considering other points of view, even though they may not always agree with each other, or their child's therapist.

### CONFIDENTIALITY

Therapy is most effective when a trusting relationship exists between the practitioner and the client. Privacy is especially important in securing and maintaining that trust. One goal of treatment is to promote a stronger and better relationship between children and their parents. However, it is often necessary for children to develop a "zone of privacy" whereby they feel free to discuss personal matters with greater freedom. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. **By signing this agreement, you will be waiving your right to access your child's treatment record.**

Therapy is confidential, but not secret. Parents are entitled to understand the nature of their child's problem, as well as the method and course of treatment. Telephone, face-to-face, e-mail, or written communication from either parent is not private and may be shared with the child and/or the other parent. All communications and messages become part of the child's permanent record.

### PAYMENT

**All fees for services are due in full at check-in.** Prompt payment for professional services is considered a part of the treatment agreement and is essential for treatment to continue. Non-payment of fees may be considered a breach of the treatment agreement, thus a reason to discontinue treatment. Disagreement or conflict with a co-parent is not an appropriate reason for discontinuing payment. If circumstances have changed and have made prompt payment difficult, please discuss that with the Business Manager prior to your child's next session.

If your child will be brought to appointments by someone other than a parent or legal guardian, you will need to put a credit card on file or keep a retainer deposit equal to the amount of one therapy session. Additionally, we ask that you provide our office with any legal or court documents pertaining to health care provisions for the minor child and we will follow billing procedures as they have been ordered. If such documents are not provided, any fees owed to our office will be the responsibility of the parent who brings the child.

### COURT TESTIMONY

Although Therapeutic Oasis of the Palm Beaches' responsibility to your child may require involvement in conflicts between parents, our involvement will be strictly limited to that which will benefit your child. This means, among other things, that parents will treat anything said in session as confidential. Neither parent will attempt to gain advantage in any legal processing between parents from Therapeutic Oasis of the Palm Beaches' involvement with your child. By signing this agreement, you agree that in any legal proceedings, neither parent will ask Therapeutic Oasis of the Palm Beaches to testify in court, whether in person or by affidavit. You also agree to instruct attorneys not to subpoena any Therapeutic Oasis clinical or staff member or to refer in any court filing to anything your child's therapist has said or done.

Therapeutic Oasis of the Palm Beaches has an ethical duty to provide your child with the best care possible. If asked to provide records or testimony about treatment to the court, this can contribute to a "dual-role" relationship between the therapist and your child. A dual-role relationship means that your child's therapist is providing services for conflicting roles (i.e. parent's witness and child's therapist), and can be potentially damaging to your child and his/her present or future therapy experiences due to possible violations of

therapeutic trust. In addition, your child's therapist has an ethical responsibility to only release records and/or test data to persons who are qualified and trained to interpret the information. Most court personnel have not received sufficient mental health training to meet these criteria, and providing records and/or test data can also be damaging for patients. Finally, legislation and ethical standards mandate that practitioners protect privacy of mental health records. Because the practitioner cannot control the number of people that have access to the mental health records in the court setting, concerns for the client's privacy may exist. For these reasons, unless pre-arranged prior to initiating services, Therapeutic Oasis of the Palm Beaches, will not provide therapy notes, test data, recommendations, custody letters or testimony to the court as part of litigation.

### COMMUNICATION

Before a child's treatment can begin, the therapist will conduct a limited evaluation for treatment planning by speaking with each parent (and occasionally step-parents) to hear what problems have arisen in the child's life, to have each parent answer basic questions related to understanding the child carefully, and often to use standard behavior checklists to collect important perspectives about the behaviors in question. Based on the privacy needs of the child and the support needs of the family, parents will be given a **Communication Agreement** outlining how and when communication between parents and therapist will occur as well as your assigned family therapist.

Therapeutic Oasis expects parents to inform each other about scheduled appointments. The no-show fee will apply if an appointment is missed, regardless of which parent scheduled the appointment.

Therapists at Therapeutic Oasis are not responsible for routine communication with parents who do not attend appointments. We do not send a summary letter, note or e-mail after each appointment, unless payment arrangements have been made for this service in advance. Our expectation is that parents will communicate with each other openly regarding treatment and that each parent will cultivate a healthy relationship and open communication with their child.

At any time you may request your assigned family therapist to discuss or review your child's entire treatment record by submitting a written request, which must be approved by the clinical team and the child's therapist. A fee will be charged of \$285 and this is not billable to insurance.

### BEHAVIOR/CONDUCT

At times, parents who are involved in divorce or custody disputes have difficulty maintaining an appropriate decorum in the waiting room, clinic office, or therapist's office. Out of concern for your child, other clients, and clinic staff, parents are asked to behave respectfully to one another. If they do not behave in a civil manner, they may be required to attend sessions separately or services may be terminated. This also applies to appropriate behavior toward office staff.

### CONSENT FOR TREATMENT

I/we have brought my/our child, named above, to Therapeutic Oasis of the Palm Beaches for evaluation and/or treatment. I/we understand that my/our child is a client of Therapeutic Oasis of the Palm Beaches – not me/us, any other sibling, or other caretaker/parent. This is true no matter who pays Therapeutic Oasis of the Palm Beaches for the evaluation/treatment of my /our child.

I/we understand that Therapeutic Oasis of the Palm Beaches' primary responsibility is my/our child's best interest and that my/our child's therapist will decide to involve me/us in the evaluation and treatment at their sole discretion. I/we understand that if payment is not received promptly for services rendered, the services may be suspended or terminated at Therapeutic Oasis of the Palm Beaches' sole discretion, pursuant to the ethical guidelines governing psychological care.

If I/we decide to terminate my/our child's treatment, I/we agree to let the child's therapist have the option of having a closing session with my/our child to properly end the treatment relationship.

I/we, the parent(s) and/or legal guardian(s) of the minor child listed above, give Therapeutic Oasis and its therapists full and unconditional authority to proceed with a clinical evaluation and treatment as clinically indicated. This consent is given by me/us as parent(s) and or legal guardian(s) of said child. We/I have legal power to consent to medical, psychological, and mental health assessment and treatment of said minor child. It is clearly understood that Therapeutic Oasis and its clinical staff are fully released from any claims and demands that might arise, or be incident to the evaluation and/or treatment, provided that duties are performed with standard care and responsibility to the best of their professional abilities.

**If consent is not received from both parents, the therapist may not move forward with treating your child.**

**I have read and understand this Consent for Treatment. By signing below, I agree to the terms and conditions of this document.**

MOTHER/LEGAL GUARDIAN

FATHER/LEGAL GUARDIAN

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date