

ADDITIONAL CONSENT TO TREAT MINOR – CLIENTS AGE 13 AND YOUNGER

Client's Name (printed): _____ DOB: _____

PARENTS/GUARDIAN(S) LIVING SEPARATELY MAY SIGN AND SUBMIT SEPARATE FORMS

I am aware that requesting the release of treatment plans, notes, or reports in custody disputes, or subpoenaing testimony about any of the content of my child's treatment, interferes with the therapy relationship and jeopardizes any gains made in psychotherapy. A therapist must be able to be neutral in family legal conflicts to be helpful. Therefore, I knowingly and freely waive my right to request the release of information to myself or my attorney or any other Officer of the Court for such disputes, except for the record of attendance and billing. I understand that release of clinically significant information shall be by Court Order, signed by a duly appointed Judge, or by consent of both parents. If I share legal custody of my child and both parents consent to treatment and I decide to withdraw my consent against the other parent's wishes, I agree to four termination sessions if LifeWorks Counseling Center, LLC, believes it is in my child's best interest.

Parent/Guardian Name (printed)	Parent/Guardian Signature	Date
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Completed form may be faxed to LifeWorks Counseling Center at 610-323-4672
or emailed to billing@lifeworkscounselingcenter.net