



Guardian Consent for Clinical Services Provided to Minors

SECTION 1: Before beginning services at The Center for Connection, guardians of minors must complete and sign this document. Please choose and complete the option below that describes your custody arrangement. Should you have any questions about how to complete this form, please email office@thecenterforconnection.org.

1. _____ (guardian 1 name) and _____ (guardian 2 name, if applicable), parents of _____ (client name), are married or have shared legal custody that is not the result of a court arrangement and **understand that at least one legal parent must sign the Center for Connection Informed Consent document.**
2. _____ (guardian name) is the sole parent of _____ (client name) and custody is not the result of a court arrangement. **I understand that I must sign the Center for Connection Informed Consent document.**
3. _____ (guardian 1 name) and _____ (guardian 2 name) are (choose one) __divorced __separated/in the process of divorce __unmarried and have shared legal custody of _____ (client name) as a result of a court arrangement. **We understand that both guardians must sign the Center for Connection Informed Consent document** to indicate consent for the child to participate in therapy prior to the start of services.
4. _____ (guardian name) has sole legal custody of _____ (client name) as a result of a court arrangement. **I understand that I must provide a copy of the court document(s) indicating my custody arrangement to my child's clinician and sign the Center for Connection Informed Consent Document prior to the start of services.**
5. Services are being arranged for _____ (client name) due to a court order. **I/We understand that I/we must provide a copy of our child's court order to the child's clinician prior to the start of services.**



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SECTION 2: The Center for Connection functions as a safe haven for all clients and families. We acknowledge:

- Parents/guardians may have differing perspectives on their child or children's needs, and we honor and value unique and differing perspectives as we seek to understand and support your child(ren) and family.
- Parents/guardians may have concerns that the therapist will become biased towards one parent or the other. As professionals focused on the development and wellbeing of our clients, we commit to developing and maintaining respectful relationships with each of a child's caregivers.
- Parents/guardians may wonder if the therapist is able to complete a custody evaluation, make custody or visitation recommendations, or otherwise participate in the court process. In order to provide effective services, your child's therapist WILL NOT provide custody evaluations/recommendations or visitation recommendations to the court, mediator, or psychologist conducting a family psychological evaluation as these fall outside of the therapist's legal and ethical scope of practice.
- Parents/guardians may wonder if one guardian is receiving more information about services than another. Both parents/guardians will be offered "equal time" in face-to-face or phone contacts as much as realistically possible, unless this is contraindicated or there are other factors limiting contact with one or both parents.

By signing below, or electronically via our therapy notes web portal , I/We indicate I/We have completed Section 1 above and read, understand, and agree to Section 2 above.

Client's Name: _____

Signature of guardian completing the form: _____

Printed Name: _____ Relationship to child: _____

Date Signed: _____

If you selected option 3 or 5 on page 1:

Signature of 2nd guardian completing the form: _____

Printed Name: _____ Relationship to child: _____

Date Signed: _____