

Consent for Evaluation, Psychotherapy, Psychopharmacology And /Or Treatment of a Child

A child aged 17 years and under must have the consent of his/her (custodial) parent or guardian to receive psychiatric services including psychotherapy, evaluation, or other treatment. In case of divorce only the custodial parent can give consent.

So that we can comply with the law, please initial the following

_____ I am the parent of the below named minor child. There have been no divorce or legal separation proceedings between the child's other parent and myself.

_____ I am the custodial parent of the below named minor child as designate in divorce proceedings. I understand that I must furnish a notarized copy of the divorce decree section stating that. I agree to provide this office with a notarized copy of any changes in custodial status of the child.

_____ I am the (custodial) parent of the below named minor child. My spouse and I have a legal separation.

_____ I have joint custody with my ex-spouse of my child.

_____ I am the below named child's legal guardian. I understand that I must furnish a notarized copy of the guardianship papers.

_____ I am the sole legal parent of the below named minor child.

I agree to inform the office if there are any changes in my child's custodial status for any reason. I hereby give my permission for Arkansas Psychiatric Clinic, P.A. to provide psychiatric services for:

_____ DOB:

Name of Minor Child

As a custodial parent, I authorize release of information on my child to the following: Please enter names of everyone who may receive information.

Parent, Legal Guardian or Custodial Parent

Date