
**Informed Consent Form Child Therapy
Separated/Divorced Parents' Agreement Form**

I have brought my child _____, age _____, to receive therapeutic services from Mari Conti, MA, LMFT for evaluation and/or treatment. I understand that my child is Mari Conti's patient – not me, any other sibling, or my spouse. In most cases, consent from both parents is preferable. If only one parent of a divorced family is requesting therapy for their child, I may require a copy of the most recent custody order prior to the commencement of the treatment in order to determine legal custody rights of a minor child.

I understand that Mari Conti's primary responsibility is my child's best interest and that the therapist will decide when to involve me in my child's evaluation/treatment at her sole discretion. I understand that if payment is not received promptly for services rendered by Mari Conti to my child, the services may be suspended or terminated at Mari Conti's sole discretion, pursuant to the ethical guidelines governing psychological care.

I understand that my therapist is not agreeing to be an expert witness or to testify on my behalf or the behalf of any other individual other than my child at any deposition, court proceeding, or in any other way. I understand that my therapist may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding at their sole discretion. My therapist may also charge for the receipt of any correspondence or acceptance of any telephone calls, other than those directly from the court or counsel for my child.

I have read the above paragraphs and understand them. By signing below, I agree to the above.

Parent Signature _____ Date _____
Printed Name _____

Parent Signature _____ Date _____
Printed Name _____

Therapist Signature _____ Date _____
Printed Name _____