Non-Intact Family Agreement

For the divorced/separated/otherwise shared custody parent of a child receiving services.

I, (name of divorced/separated/otherwise shared custody parent's name), _____ , am aware that my child/ward (child's name) , _____, has an intake appointment scheduled with you (Better Together Counseling) on _____ at _____ that was made by (name of parent/guardian initiating appt for child)_____.

I understand that my child will be in continued individual and family therapy with you and give my consent for you to provide counseling services to my child.

I understand that there are limits to what a therapist can share with a parent/guardian with respect to a child's right to confidentiality (as listed in the Notices of Privacy Practices/HIPAA laws and Informed Consent Forms available on www.bettertogethercounseling.com).

I understand that the only part of a family session can be discussed with me (if I was not present) is the part that pertains to my ward/child's treatment/progress, within limits.

I understand I can revoke this permission at anytime via a written request, but before doing so will contact and speak with the treating therapist directly.

Lastly, I acknowledge that I am bound by all service terms and conditions as outlined in the HIPAA Notice of Privacy Practices and by Better Together Counseling's Informed Consent for Treatment Forms (available on www.bettertogethercounseling.com)

_____ _____ _____

Signature of parent or guardian approving treatment Printed name Date

_____

Address to receive mail regarding the child (please remember to include city, state, and zip)

(_____)_____

Phone number where a message can be left regarding the child's care

☐ N/A – I refuse to allow my child access to therapy with Better Together Counseling at this time. I acknowledge that I can contact Better Together Counseling at any time should I have a change of heart.

_____ _____ _____

Signature of parent/guardian refusing treatment Printed name Date

_____

Address to receive mail regarding the child (please remember to include city, state, and zip)

(_____)_____

Phone number where a message can be left regarding the child's care