

*Debbie Reed, L.M.F.T.*

Licensed Marriage and Family Therapist

28494 Westinghouse Place, STE 201  
Valencia, CA 91355  
Telephone: (661) 287-4243

**Separated/Divorced Parental Consent**

When a child of separated or divorced parents is involved in therapy, *both* parents are *legally entitled* to information regarding their child's treatment (unless one parent has *sole* legal custody). The non-custodial parent is not only legally entitled to know that the child is in therapy but is also entitled to information about the child's diagnosis and progress in treatment. Hence, *both parents must give their written consent for treatment.*

Since parents often disagree about the need for therapy, the therapeutic goals, and/or which practitioner to work with, it is best to obtain the consent of both parents as early in the therapeutic relationship as possible. Therapy may need to be discontinued if both parents do not give their written consent. Furthermore, the non-custodial parent can choose to terminate the child's therapy at any time, unless the child's safety is at risk.

**CONSENT TO TREATMENT:**

**My signature below indicates that I have read and understood the above information. Further, my signature indicates that I voluntarily consent to allow my son/daughter to enter into treatment at this time with Debbie Reed, LMFT. I understand that I may discontinue this therapeutic relationship at any time. I have received a copy of this form.**

Child's name (printed): \_\_\_\_\_

Parent's name (printed): \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's signature: \_\_\_\_\_ Date: \_\_\_\_\_