



**Informed Consent Form for Child Therapy  
Separated/Divorced Parents**

**Separated/Divorced Parents' Agreement Form**

I have decided to bring my child, \_\_\_\_\_, DOB \_\_\_\_\_,

to Genesis Counseling Center for evaluation and/or treatment. I understand that my child is the client – not me, any other sibling or my spouse. This is true no matter who pays for the evaluation/treatment of my child. **I understand that it is my responsibility to provide information regarding custody arrangements and contact information of the other parent.**

I understand that Genesis' primary responsibility is my child's best interest and may decide to involve me in my child's evaluation/treatment at their sole discretion. I understand that if payment is not received promptly for services rendered to my child, the services may be suspended or terminated, pursuant to the ethical guidelines governing psychological care. **I understand the therapist may contact the other parent of my child for informed consent for treatment or background information at any time during treatment.**

I understand that any Genesis Counseling Center therapist is not agreeing to be an expert witness or to testify on my behalf or on the behalf of any other individual other than my child at any deposition, court proceeding, or in any other way. Should the therapist be subpoenaed, I understand I am responsible for any costs associated with the subpoena. I understand the clinician may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding at his/her sole discretion. Genesis Counseling may also charge for the receipt of any correspondence or acceptance of any telephone calls, other than those directly from the court for my child.

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

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date