

CONSENT OF PARENTS WITH *JOINT CUSTODY* FOR CHILD TO BEGIN COUNSELLING SESSIONS

CHILD'S FULL NAME

CURRENT AGE

DATE OF BIRTH

Signatures below signify consent/knowledge of counselling for child listed herein at PPC – Professional Psychologists & Counsellors (Prof. Corp.).

I understand that PPC therapists offering counselling services to children of divorced or separated parents will not be obliged to, nor will they provide support letters for parenting disputes, custody and/or access.

Parent #1 Signature: _____
Printed Name: _____
Date: _____

Witness Signature: _____
Printed Name: _____

Parent #2 Signature: _____
Printed Name: _____
Date: _____

Witness Signature: _____
Printed Name: _____

Therapist's Signature: _____
Printed Name: _____
Date: _____

DECLARATION OF SINGLE PARENT WITH *NO COURT-ORDERED, NOTARIZED OR FORMAL CUSTODY ARRANGEMENT*

My signature below indicates that I declare there is no court-ordered, notarized or formal custody arrangement of any kind in place, and that I have full decision-making authorization. There is no requirement or possibility (legal or otherwise) for my child's other biological parent to be advised of our child's attendance.

Parent's Signature: _____
Printed Name: _____
Date: _____

TO BE RETAINED ON CLIENT FILE

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Protocol for providing services to children

Children 14 & younger:

The first session will be scheduled with parents/caregivers ONLY. This session will provide an opportunity to determine if the therapist is a good fit for the child and family as well as to discuss custody and consent. This session will be used to communicate caregiver concerns, and the therapist will clarify rules & regulations surrounding the process of counselling and the limitations of confidentiality. This session may also include a discussion on the best approach for the child. The therapist's goal is to give both the caregiver and the child the skills to problem solve. For some families this means meeting all together, and for others this might mean separate sessions for the child and separate sessions for the parents. Therapists will be flexible and will adapt depending on the needs of the family.

Teens 15-18 years of age:

We encourage the caregiver and teen to arrive together for the first session. The Caregiver is invited to attend the first part of the session, along with the teen. This session will help determine if the therapist is a good fit for the teen and caregiver. This session will provide an opportunity for the teen and caregiver to share concerns, and the therapist to clarify rules & regulations surrounding the process of counselling and the limitations of confidentiality. This session may include a discussion on approaches used to address the presenting problem and plans moving forward, including caregiver involvement in the counselling process. If it is determined that the teen is the identified client, further participation with caregivers will only occur with the teen's knowledge or consent. **Attendance must be confirmed in advance by the teen, for all individual teen sessions booked by the caregiver.**

Court Ordered Custody or Notarized Agreements:

Sole Custody: A copy of the court document must be received in advance of the appointment and will be retained on file.

Joint Custody: The Joint Custody Consent Form must be signed and received in advance of the appointment, and will be retained on file.

Casual (no formal) Custody Arrangement:

If both parents have a relationship with the child, the Joint Custody Consent Form must be signed and received in advance of the appointment, and will be retained on file.

In the case of single parents with no court-ordered, notarized or formal custody arrangement in place, the custodial parent must declare to that effect on the Joint Custody Consent Form.

TO BE RETAINED ON CLIENT FILE