



Informed Consent for Child Therapy: Separated/Divorced Parents

Separated/Divorced Parents' Agreement Form

I have brought my child _____, age _____, to Julie Rubin McGaughey, L.P.C. for evaluation and/or treatment. I understand that my child is Atlantic Coastal Therapy's patient.. This is true no matter who pays Atlantic Coastal Therapy for the evaluation/treatment of my child.

I understand that Atlantic Coastal Therapy's primary responsibility is my child's best interest and that the counselor may decide 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 Atlantic Coastal Therapy to my child, the services may be suspended or terminated at the counselor's sole discretion, pursuant to the ethical guidelines governing psychological care.

I understand that Julie Rubin McGaughey, L.P.C. 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. I understand that she may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding at her sole discretion. Atlantic Coastal Therapy 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.

Date _____

Date _____

Date _____

Date _____