



Interplay Counseling Services
1150 Fifth Street, Suite 261
Coralville, IA 52241

INFORMED CONSENT TO TREATMENT FOR MINOR CLIENTS

I, _____, the undersigned, hereby attest that I have
(print name of guardian/parent)

read and understand the OUTPATIENT CONTRACT FOR SERVICES FOR MINOR CLIENTS and that I voluntarily give my consent for treatment for the minor or person under my legal guardianship identified as

_____ whose date of birth
(print name of minor/dependent client)

is _____.

This treatment is to be provided by Susan Schmitz, MSW, LISW, a licensed independent social worker in the state of Iowa. The rights, risks and benefits associated with the treatment have been explained to me. I understand that there is no assurance that the client will feel better after engaging in therapy. Some material that may come up in therapy sessions could be upsetting, and it may be part of a necessary process for resolving the presenting problems. I agree to abide by the policies and procedures outlined in the Outpatient Contract for Services for Minor Clients. I understand that the therapy may be discontinued at any time by either party.

I have read the information in Outpatient Contract for Services Minor Clients document and agree to abide by its terms during our professional relationship.

(Parent/legal guardian and date)

(Parent/legal guardian and date)

(Minor client age 12 or above and date)

Staff witness to signature(s) and date



AGREEMENT REGARDING SEPARATED, DIVORCED, OR NEVER MARRIED PARENTS

A copy of the divorce decree and any modification orders to custody or visitation arrangements is required for your child's file. Entering into a helping relationship for your child is a big step for your child and your family. I want to make this process as easy as possible, regardless of your family circumstances. From my experience, there are often special issues that arise when parents do not reside together. I hope that this information clarifies our policies and procedures.

CONSENT FOR TREATMENT

Parents with joint legal custody have equal rights in consenting to medical treatment, unless otherwise noted in a custody or divorce decree. For many reasons, it is preferable when both parents agree that treatment is appropriate and can agree on the provider for treatment. Engaging a child in the same services at the same time with more than one clinician may put the child in a confusing position. It is likely that I will refrain from engaging in services if your child is already being served elsewhere with similar services.

CUSTODY AND VISITATION ISSUES

Your child's therapist cannot make any recommendations about custody or visitation issues. If custody and visitation issues are a concern, I may speak with you about a referral to another provider for a formal custody evaluation, a mediator, or a guardian ad litem. I will assume that both parents want to work toward the best interest of their child, which includes maintaining a safe, therapeutic environment with the therapist. With this aim, I will refrain from providing records to attorneys or testifying in court in a custody or visitation dispute.

COURT MANDATED THERAPY

Mandated therapy participation or therapy recommendations specifically naming me as a provider should not be included in the divorce decree or custody modification order without the therapist's previous consent.

BEHAVIOR/CONDUCT

At times, parents who are involved in divorce or custody disputes have difficulty maintaining an appropriate decorum in the waiting room or office. Out of concern for your child, other patients who may be waiting, or other staff, parents are reminded to behave respectfully to one another in my office and building. If parents do not behave in a civil manner, they may be required to attend sessions separately or we may terminate services to spare your child.

I understand and agree to the terms of this document.

(Parent signature and date)

(Parent signature and date)

(staff witness to signature(s) above)

(witness date)