

Aurora/Naperville Office Aurora, IL 60504

Phone: (630) 293-9860 Fax: (630) 293-9861 www.pathways-psychology.com

Informed Consent for Treatment of Child with Divorced or Separated Parents

| I,evaluation/treatment at Pathways and that my child's best interests a understand that the degree of my child's treatment it is at the clinicia | are the primary focus and resp involvement, and/or that of r | onsibility of his/her clinician. |
|--|---|--|
| I understand that in bringir payment due at each session. Pat parents other than the parent or gu | | am responsible for arranging for arranging payments with |
| I understand that in agreein NOT agreeing to be an expert with provide therapeutic services to the take my child to another provider if | child, not make custody or visi | edings. The clinician's role is to tation recommendations. I wil |
| I understand that in order to have consent from each individual age 12 or older, I understand my ch | | vices. In addition, if my child is |
| child's clinician will need to make | nild's clinician is a mandated reporter of abuse and neglect. My ake a DCFS hotline call for any suspected abusive or neglectfu le discretion of the clinician. Parents of course are able to call the eemed necessary. | |
| In addition, I agree to the fo | llowing: | |
| I will notify the child's other pair if not legally prohibited, and will p | • | • |
| I have the legal authority to consent to treatment on behalf of my child. I will assist in obtaining consent from the other parent. I understand that my child's clinician may opt to discontinue services without consent from both parents. | | |
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| Parent Bringing Child | Signature | Date |
| Co-Parent | Signature | Date |
| Pathways Clinician | Signature | Date |