

Confidential Client Information for Treatment of Children  
Notice of Responsibility to Inform for Joint Custody

Parent Initiating Treatment for Minor:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: M / S / D  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Parent not Present:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: M / S / D  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

CHILD OR CHILDREN RECEIVING TREATMENT:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

I acknowledge that it is my responsibility to inform the joint custodial parent who is not present and/or not participating in counseling with my child about receiving counseling services from the Renewing Life Center.

I understand that in a joint legal custody arrangement the other parent of my child has full access to any records regarding my child's participation in counseling.

I understand that in a joint legal custody arrangement both custodial parents have the right to refuse to allow their child to participate in counseling.

I understand that counseling sessions are for my child's emotional, relational, and behavioral well being and not for the purposes of reporting to any court or making any evaluation for custody or parental fitness.

I agree to make every effort to encourage and secure the participation of my child's other parent in the counseling treatment of my child. The information I have entered here is accurate to the full extent of my knowledge.

NAME (Print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_