

Informed Consent Form for Child Therapy

Separated/Divorced Parents' Agreement Form

Military Integrative Therapies, LLC
2106 Thoroughgood Rd
Virginia Beach, VA 23455
(757)995-2196

I have brought my child _____, age _____, to Kelly Andrews MS, LPC, for evaluation and/or treatment. I understand that my child is Ms. Andrews patient – not me, any other sibling, or my spouse. This is true no matter who pays Ms. Andrews for the evaluation/treatment of my child.

I understand that Ms. Andrews primary responsibility is my child's best interest and that Ms. Andrews may decide to involve me in my child's evaluation/treatment at her sole discretion at times, which will benefit my child. I understand that if payment is not received promptly for services rendered by Ms. Andrews to my child, the services may be suspended or terminated at Ms. Andrews sole discretion, pursuant to the ethical guidelines governing psychological care.

I understand that Ms. Andrews 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 Ms. Andrews 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. Ms. Andrews 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.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Kelly Andrews MS, LPC, RPT _____ Date _____