Arcadia Counseling CENTER

CONSENT FOR EVALUATION AND ONGOING TREATMENT OF A MINOR

To use and disclose health information during divorce, legal separation, or guardianship

Child's Full name: _____
Date of Birth: _____
Parent/Guardian's Full Name: _____

Please select the appropriate custodial arrangement that applies:

- ☐ Biological parents are not residing together and no order has been entered by a court in any jurisdiction.
- ☐ Biological parents who are not residing together. There is an order entered by a court granting sole legal custody, also known as sole legal decision-making to _____.
- ☐ Biological parents who are not residing together. There is an order entered by a court granting joint legal custody, also known as joint legal decision-making.
- ☐ Biological parents who are not residing together. There is an order entered by court granting joint legal custody, also known as joint legal decision-making with _____ granted final say in the areas of _____.
- ☐ Legal Guardianship granting guardianship to the following individual(s): _____.

Information about Court Orders

Please provide a complete copy of the last order regarding legal decision-making or legal custody entered and pertaining to the minor child listed above. Then provide the following information about this order:

Date entered:
County:
State:
Relevant Pages:

I, the undersigned parent and/or legal guardian of the minor child listed above, hereby give full permission and consent for Arcadia Counseling Center to provide the services outlines below to the minor child, with the understanding that I may revoke this consent with written notification to Arcadia Counseling Center at any time.

Service at Arcadia Counseling Center:
Provider's Name:

_____ _____
Printed name of parent or legal guardian Date

_____
Signature of parent or legal guardian

Arcadia Counseling CENTER

NOTICE OF CLIENT LITIGATION

Child's Full name: _____
Date of Birth: _____
Parent/Guardian's Full Name: _____

The aforementioned patient (hereinafter "Patient") acknowledges in the review and signing of this Notice that he/she understands Arcadia Counseling Center (hereinafter "ACC") will not voluntarily participate in any litigation including, but not limited to custody and dissolution disputes, in which Patient and another individual or entity are parties unless this is within the clear scope of her services as prescribed in writing and/or as directed/ordered by a court.

ACC has a policy of not communicating with any attorney and will generally not write or sign letters, e-mails, reports, declarations, or affidavits to be used in any legal matter unless this is within the clear scope of her services as prescribed in writing and/or as directed/ordered by a court.

ACC will generally not provide records or testimony in legal proceedings unless this is within the clear scope of her services as prescribed in writing and/or as directed/ordered by a court and/or a duly issued and served subpoena. If Patient is involved in a court proceeding and a request is made for information about Patient's diagnosis and/or treatment and/or the records thereof, such information is privileged under state law, and ACC will not release information without Patient's written authorization or a court order, a subpoena will not be sufficient.

Should ACC be subpoenaed and/or ordered by a court to appear as a witness in an action involving the Patient, the Patient agrees to pay ACC in advance of said appearance a retainer fee representing prospective time ACC will spend for correspondence, preparation of notes and testimony, telephone or in-person preparation, travel, or other time in which ACC will make herself available for such an appearance. Further, Patient will pay any additional amounts incurred above and beyond said retainer fee within thirty (30) days of receipt of a bill for same from ACC. The following rates apply should ACC be subpoenaed and/or ordered by a court to appear and/or ordered to produce records of any kind:

Travel: $80 per hour or any portion thereof
Preparation/discussions/drafting: $160 per hour or any portion thereof
In-Person Testimony: $160 per hour or any portion thereof
Telephonic Testimony: $160 per hour or any portion thereof
Copies of Records: $0.15 per page or any portion thereof.

Acknowledgment of Receipt of the Client Litigation Notice

By signing this document the aforementioned Patient acknowledges receipt and review of a copy of ACC's Notice of Client Litigation and agrees to be bound by the terms thereof.

_____ _____
Printed name of parent or legal guardian Date

_____
Signature of parent or legal guardian