

Minor Custody Documentation

For any minors named in a custody agreement, court order, and/or divorce decree, we will require the most current copy of this document to schedule services and all applicable adults will be contacted in accordance with the agreement.

Please check one of the below statements related to the legal conservatorship of the aforementioned minor:_____.

- I am the legal guardian of this minor and there is no court ordered conservator declaration for this child.
- There is a court ordered conservator declaration and I have provided the therapist with a copy.
- There is a court ordered conservator declaration for this child. I have not provided a copy to the therapist, but will provide a copy to the therapist before the initial counseling session.
- Other (Please explain):

If there is any court ordered custodial agreement, please check the accurate description of the agreement and provide contact information for the other party on the agreement.

- Custody is shared, 50/50
- I have full custody
- The other party has full custody

Contact information for the other party on the custody agreement is required:

Name:
Phone Number:
Address:

I, _____ (guardian/parent) certify I have that legal right to consent to psychiatric, mental health and medical treatment for _____ (minor). Further, I agree to follow all policies outlined in the Payment Agreement form and take full financial responsibility for all services provided to my child. I understand that Wright Wellness will not split the costs or seek payments from the other parent. I understand that I may ask for receipts of payments for my records and may use these to seek financial reimbursement from the other parent for medical bills I've paid. I understand that if an account becomes delinquent then services may be stopped until the issue can be resolved by the parents.

Guardian/Parent Signature

Date

Clinician Signature

Date