



Letter of Consent For Your Child to Receive Services: For Separated Parents or Guardians

Name of Child(ren): _____

Introduction: Our Goal for Service at ROCK

Reach Out Centre for Kids (ROCK) is a multi-service organization providing child and family treatment services that works with families to improve the lives and relationships of children with their parents. We can work with families that are going through a separation or divorce. The children we work with usually live with parent(s) or guardian(s) [*Hereafter referred to as the "parent(s)"*].

ROCK understands that there is a wide range of decision-making arrangements for children and we will respect that. Where there is shared parenting time between the parents, ROCK considers it important to support the parenting relationship with the child and each parent.

Understanding Decision-Making and Consent for Service

This Letter is an important step for ROCK to understand if one or both parents need to provide consent for services for your child. ROCK will need to be clear that both parents are in agreement that their child can receive service before we proceed.

To be specific, ROCK needs to understand if decision making for your child is through a shared decision making process (also called custody) to both parents, or if decision making ability has been given to a single parent.

Even when decision-making is given to a sole parent, a written agreement may state that the other parent still needs to be **Involved** in service and/or **Informed** of the child's progress in service.

To aid us in becoming clear, ROCK will ask if there has been a written agreement. Some of the families that we see at ROCK have **no written agreement**, while others have a **written agreement** that has been created with a lawyer, a mediator, or through a legal court process. These agreements often help us to answer the question of who can give consent for your child to receive service.

Consent for Service - What this Means for You:

- 1. We have **No agreement** for the decision making of our child(ren).
 - **Both** parents are required to sign this letter before we provide service for your child.
- 2. We have a **Shared Decision-Making Agreement** through a Joint Custody Agreement, a Separation Agreement or in an Interim agreement from a family court.
 - **Both** parents are required to sign this letter before we provide service for your child
- 3. I have **Sole Decision-Making Ability** through a Court Order or a Separation Agreement that allows me to provide consent for my child(ren) to receive services.
 - ROCK will ask you to confirm that you can provide consent for your child(ren) to receive services by signing below.

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For Separated Parents or Guardians**

Name of Child(ren): _____

Please Note: Even when decision-making is given to a single parent, the written agreement may still state that the other parent needs to:

- i. **Give Permission:** The other parent's permission may still be required specifically for your child to receive mental health services.
- ii. **Be Involved:** Your agreement may still require/encourage the involvement of the other parent in service with your child.
- iii. **Be Informed:** The other parent may not need to consent or be involved, but you may still be required to inform them of the outcomes of service.

4. I have sole decision-making ability **AND** I choose to involve the other parent/guardian.

Please Note: Where there is **shared parenting time** ROCK will inquire about possible benefits of including the other parent or guardian in service.

Signature of Understanding

Parent/Guardian #1

If you believe that you have the permission to consent to your child's service please indicate which option above applies to you and sign your name below.		
_____	_____	_____
Print Your Name	Signature of Parent/Guardian	Date
<i>Email:</i>		Phone #:

Parent/Guardian #2

If the consent of the other parent is required , please have them indicate their consent for us to provide service by signing below, or by returning a copy of this letter.		
_____	_____	_____
Print Your Name	Signature of Parent/Guardian	Date
<input type="checkbox"/> I would like ROCK to contact me.		
<i>Email:</i>		Phone #:

Are there Safety Concerns?

If you feel that you or your child are at risk of physical harm by the other parent, we will not ask for their consent for treatment. By signing below, you are letting us know that you feel unsafe, and that ROCK should not contact the other parent.

_____	_____	_____
Print Name	Signature of Parent/Guardian	Date

Limits of Confidentiality:

Please be aware that the information that you share in your session(s) are kept in your child's file (also called a Health Information Record). ROCK works hard to keep the information in your child's file confidential. However, there have been cases where ROCK has been court ordered to share information about your child's service and we have had to do so.