

## **0. Separated/Divorced Family Consent**

### **Rapid City Counseling, Inc**

Client's Name:

Parent's Name:

Name of Step-parent (if any):

Address:

Home/Cell Phone:

### **Separated/Divorced Family Consent**

If you have joint legal custody, it is your legal obligation to notify the other parent that your minor child is receiving mental health treatment. We cannot withhold information from the co-parent if they have legal rights to the minor child's medical records.

Note to Responsible Party of Minors of Separated or Divorced:

Rapid City Counselors will not provide an invoice for payment to the other parent/party. You are responsible for seeking reimbursement from the other parent/party. If your child is a client and you have joint legal custody, you must inform the other parent that your child receives services at Rapid City Counselors.

☐ I acknowledge that I have read the Separated/Divorced Family Consent form

Printed Name:

Date: