

Daniel A. Coffman, Ph.D.
Licensed Clinical Psychologist (PSY22096)
Consent for treatment of a minor

In addition to reviewing and agreeing to my office policy and consent form, you agree to the following provisions related to treatment of your minor child based on HIPPA and APA Ethics Code guidelines:

- If you decide to terminate treatment, I have the option of having a few closing sessions with your child to properly end the treatment relationship.
- Out of respect for your child's privacy and ability to develop a sense of trust and confidentiality in treatment with me, you are waiving your right to access to your child's treatment records.
- I will inform you if your child does not attend the treatment sessions.
- At the end of treatment, I will provide you with a summary that includes a general description of goals, progress made, and potential areas that may require intervention in the future.
- If necessary to protect the life or safety of your child or another person, I have the option of disclosing information to you without your child's consent.
- You agree that my role is limited to providing treatment and that you will not involve me in any legal dispute, especially a dispute concerning custody or custody arrangements (visitation, etc.).
- You also agree to instruct your attorneys not to subpoena me or to refer in any court filing to anything I have said or done.
- If there is a court appointed evaluator, and if appropriate releases are signed and a court order is provided, I will provide general information about the child which will not include recommendations concerning custody or custody arrangements.
- If, for any reason, I am required to appear as a witness, the party responsible for my participation agrees to reimburse me at the rate of \$250 per hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs.

I have read and understand the above stated policies. I have had the opportunity to ask questions regarding these policies, and agree to them.

Legal Guardian Signature & Date:

Printed Name of Legal Guardian:

Printed Name of Minor: