



LEGACY COMPREHENSIVE COUNSELING & CONSULTING
19751 E. MAINSTREET SUITE 215 - PARKER CO 80138
WWW.LEGACYPARKER.COM - PHONE: 303-841-4005
OR INFO@LEGACYPARKER.COM

CO-PARENT CONSENT FOR TREATMENT FORM

According to the state of Colorado, only one parent is required to provide consent for treatment for his or her child. However, Legacy feels it is important to receive consent for treatment from both parents when parents are either separated or divorced. In the case that each parent still maintains his or her parental rights, both parents will need to consent for treatment. However, if one parent's rights have been terminated or if one parent is granted full decision power for his or her child's mental health, only one parent will need to consent for treatment at Legacy. Further, the right to legally grant consent for a minor child is independent of any financial obligations or arrangements that may have been made during divorce proceedings. Consequently, the parent paying the fees may or may not be legally authorized to grant consent.

The parent that brings their child to their appointments is expected to pay for the amount owed for the appointment (copay, co-insurance, private pay fee, deductible). Further, if a phone appointment is scheduled, the parent that speaks to the therapist is expected to pay for the phone appointment fee at the end of the phone call. We understand that you may have specifications that outline who is responsible for payment of mental health services for your child, but we strictly follow the payment guidelines outlined in this paragraph.

Occasionally, divorced parents will disagree regarding the granting of consent for their child's treatment. We believe that these situations hinder the treatment process. In other words, the child may no longer feel comfortable attending treatment at Legacy if one parent does not support the treatment plan. Thus, in this situation, treatment at Legacy will stop until both parents agree to continue with treatment through Legacy. If both parents do not agree to continue at Legacy, appropriate recommendations and referral options will be provided to both parents.

My signature below shows that I understand and agree with all of these statements.

Printed Name Parent, Guardian or Personal Representative (if patient under 15) Date

Signature of Parent, Guardian or Personal Representative (if patient under 15) Date

Therapist's Signature, Legacy Comprehensive Counseling & Consulting Date