

Elizabeth Orchard, MSW, LICSW, RPT  
11050 5th Avenue NE Suite 205  
Seattle, WA 98125

**Divorced or Separated Parents**

*Effective 10/27/17*

Parents who are going through a divorce or separation often seek therapy for their children, to help the child who is exhibiting stress or sadness and to help minimize the trauma for the child. It is my policy that, with very rare exceptions, both parents of a child consent in writing to treatment of the child and payment for services before the child's first appointment. Please note that I do not conduct custody evaluations and therefore do not make custody or visitation recommendations.

**It is essential that children have the contents of their therapy kept from becoming entangled in the adults' legal issues. Therefore, you will be asked to sign an agreement to protect your child's confidentiality on court matters.**

Additionally, it will be important to provide me with a copy of any parenting plan or court orders regarding the child *before starting therapy*.

By signing below, you acknowledge receipt of HIPPA and privacy practices, as well as consent for treatment and payment.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date