

**Separated/Divorced Parents' Consent to  
Mental Health Treatment for a Minor Child**

As an organization, we strive to serve children and adolescents (youth) who are experiencing mental health difficulties or adjustment issues to various circumstances. We also believe it is important therapeutically to have the consent of both parents to treat a child. For us to best serve your child, we ask that you complete this form and provide the necessary information **prior to your first appointment.**

In Virginia, regardless of the arrangements about physical custody, legal custody is either "sole" or "joint." Please place a check mark to identify whether you (the parent who is bringing the youth to treatment) have sole or joint custody.

I have \_\_\_\_\_ sole/ \_\_\_\_\_ joint custody of \_\_\_\_\_ (youth's name).

***If you have sole custody, please do one of the following:***

\*Provide a **letter** from your attorney stating that there is nothing in the custody agreement that would prevent you from seeking evaluation and/or treatment for your youth.      **OR**

\*Provide a **copy of the legal custody agreement** verifying that you are the sole legal custodian who has the right to make decisions for your youth's mental health treatment.

***If you have joint custody, please do both of the following:***

1. Provide a **copy of the legal custody agreement** verifying that you have joint legal custody.
2. Provide the information for the child's other parent so that person's **written consent** can be obtained by FLRC.

I share custody with \_\_\_\_\_ (name of youth's mother or father). You may contact his/her father/mother at: \_\_\_\_\_ (phone number)  
or \_\_\_\_\_ (address).

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If there is no custody agreement in place, the parent signing** is indicating that both parents are fully aware of and in and support the mental health treatment that is being provided for the minor named \_\_\_\_\_ (name of youth).

Mother's Signature \_\_\_\_\_ Date: \_\_\_\_\_ **OR**

Father's Signature \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:

Additional parent's signature cannot be obtained due to the following:

\_\_\_\_\_ Parent inaccessible          \_\_\_\_\_ abuse or neglect suspected

\_\_\_\_\_ Unwilling to participate      \_\_\_\_\_ involvement harmful to child

\_\_\_\_\_ Other: explain \_\_\_\_\_

\_\_\_\_\_