

Kids In The Middle Co-Parenting Counseling / Individual and Family Counseling Consent to Participate and Authorization to Release Information

| Parent's Name | Parent's Name | |
|---|--|--|
| Child's Name | Child's Name | |
| Child's Name | Child's Name | |
| Individual, and Family C the skills and support the provide the Court with a in the services and agree | ssment of participant's level of cooperation, and gen actions by the participants and therapist. | elationships by giving parents and children her. Since this is a court-referred program, we oth parents must willingly agree to participate red (written and/or orally): |
| The above information | may be shared with: | |
| Guardian Ad Litem | Name | Phone |
| Court Official | | |
| | Name | Phone |
| Other | | |
| | Name | Phone |
| either parent in custody dis therapist for records or test and will not be released to records may be reviewed by My (our) signature(s) below | Middle, Inc., does not make any legal recommendations reputes. In signing this participation agreement, participant imony. Session notes are the property of Kids In The Midor read by any person other than designated Kids In The y a member of the Council on Accreditation for the purpowacknowledges that I (we) have read, understand and agattend and participate in the services at Kids In The Midor. | ts agree not to subpoena the agency nor the ddle, Inc., protected by the laws of confidentiality, Middle staff. For purposes of accreditation, case ose of ensuring fidelity to best practices. ree to all the stated terms in this participation |
| | Signature of Parent | Date |
| | Signature of Parent | Date |
| | Signature of Witness | Date |