

Parental Rights Statement

Client Name: _____

It is this agency's policy to attempt to engage both parental figures in their child's treatment unless parental rights have been terminated. Additionally, both parents may have access to view and/or request copies of the child's treatment record.

Please initial next to the most appropriate statement regarding the status of the child's parents.

_____ The child lives with both biological parents.

_____ The child's parents are divorced, separated, or were never married.
In this situation the non-custodial parent will be contacted to make him/her aware of the child's participation in treatment at this agency and to include him/her in the treatment process.

_____ The child's parents are divorced and the child's other parent has had his/her parental rights terminated. If parental rights have been terminated, it is the responsibility of the parent who is seeking treatment for the child to provide documentation reflecting termination of parental rights. Please attach a copy of the court document that terminates the parental rights of the other party.

_____ The child is in the custody of a non-parent (Foster Care, Kinship Care, etc.).
(Attach supporting documentation regarding custody ie. court entry).

**Please provide the following information for the Non-Custodial Parent:
(If more than 1, list on back).**

Name: _____

Address: _____

Telephone Number: _____

I agree that the information provided is accurate:

Parent's Signature

Date

Print Name