



PERMISSION TO PROVIDE SERVICES TO CHILDREN

We need written consent to care for children under 18 years old. If there are two parents, both must give us permission to treat their child/ren, unless documentation is provided to the contrary.

I/We have read the above information and understand it clearly. I/We hereby provide consent for San Diego Family Services to provide treatment to my child/ren.

Name: _____ Signature: _____

Name: _____ Signature: _____

PARENTS' RIGHTS TO CHILDRENS' RECORDS

In general, parents have the right to information about the services their child/ren receive. We will tell you whether or not the child is participating and making progress. We will not show you our records. We will not discuss what the child says in private.

At times we may refuse to provide parents, or any third parties acting on the request or authorization of parents, with information and records pertaining to a child's mental health evaluation or treatment, if it is our opinion that such disclosure would negatively impact the child or the child's evaluation or treatment. Your signature below constitutes a release from any and all liability from our good-faith refusal to disclose your child's information or records.

I have read the above information and understand it clearly. I agree to the terms and to proceed with treatment. I recognize that if I have any questions I may ask them at any time. I am duly authorized to sign on behalf of all interested parties.

Name: _____ Date: _____

Signature: _____