



Jennifer Torresson, LMFT
PA License# MF000903

Informed Consent: Child Therapy Separated / Divorced Parents

OUTPATIENT THERAPY AGREEMENT

I have brought my child, _____, age _____, to Main Line Therapy Center, Jennifer Torresson, LMFT, Owner, for evaluation and/or treatment. I understand that Main Line Therapy Center's patient is my child – not me, any other sibling, or my spouse. This is true no matter who pays Main Line Therapy Center for the evaluation/treatment of my child.

I understand that Main Line Therapy Center's primary responsibility is my child's best interest and that Main Line Therapy Center may decide to involve me in my child's evaluation/treatment at their sole discretion. I understand that if payment is not received promptly for services rendered by Main Line Therapy Center to my child, the services may be suspended or terminated at Main Line Therapy Center's sole discretion, pursuant to the ethical guidelines governing psychological care.

I understand that Main Line Therapy Center is not agreeing to be an expert witness or to testify on my behalf or on the behalf of any other individual other than my child at any deposition, court proceeding, or in any other way. I understand that Main Line Therapy Center may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding at her sole discretion. Main Line Therapy Center may also charge for the receipt of any correspondence or acceptance of any telephone calls, other than those directly from the court or counsel for my child.

AGREEMENT AND CONSENT

Your signature below indicates that you have read this Informed Consent: Child Therapy (Separated / Divorced Parents). By signing below, you indicate your understanding and agreement to the above.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____