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- \*RACHEL ROOT, PHD
- \*JACOB ATKINSON, PSYD
- \*MICHELLE CULLINAN, PMHNP-BC
- \*HEATHER HOYT, PHD \*ANITA ELDERKIN, PHD

## Consent For Treatment of Minor or Individual Under Legal Guardianship

PATIENT'S NAME:	,
PATIENTS'S DATE OF BIRTH:	
PATIENT'S PROVIDER (Check One):	
<ul><li>Rachel Root, PhD</li><li>Jacob Atkinson, PsyD</li><li>Michelle Cullinan, PMHNP-BC</li></ul>	

My signature indicates that I give my permission for the provider listed above to provide treatment to my child or individual for which I have guardianship.

This treatment may include individual/group counseling, psychotherapy, and psychological testing. It may also include consultations with other professional individuals, including: Educational Psychologists, Career Counselors, Nutritionists, or Primary Care Providers.

Idaho State law mandates the reporting of certain types of child/adult abuse including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, and emotional or psychological abuse. All actual or suspected acts of child/adult abuse will be reported to the appropriate agency. Patient treatment may also include referrals to other appropriate State and County agencies for further treatment.

When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although my responsibility to your child may require my helping to address conflicts between the child's parents, my old will be strictly limited to providing treatment to your child. You agree that in any child custody/ visitation proceedings, neither of you will seek to subpoen my records or ask me to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing my opinion about parental fitness or custody/visitation arrangements. Please note that your agreement may not prevent a judge from requiring my testimony, even though I will not do so unless legally compelled. If I am required to testify, I am ethically bound not to give my opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, I will provide information as needed, if appropriate, if appropriate releases are signed or a court order is provided, but I will not make any recommendation about the final decision(s).

03/23/2022

Furthermore, if I am required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for my participation agrees to reimburse me at the \$500 per hour. A retainer of \$2,000 will be required up front and prior to any provider time being spent on the case. These legal costs are nonrefundable, even in the event the actual testimony or deposition is cancelled, as such activities require extensive preparation regardless of final outcome. These fees are to cover time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance and any other case-related costs.

I am aware that Idaho Statute Title 16-2428 requires, if my child is over the age of 14, he/she must sign consent for the provider and staff to provide information to me about the treatment being received. The following link will is to the governing statute: <a href="http://legislature.idaho.gov/idstat/Title16/T16CH24SECT16-2428.htm">http://legislature.idaho.gov/idstat/Title16/T16CH24SECT16-2428.htm</a>

I am this patient's:	
Mother	Father
Step-mother	Step-father
Other:	
Specify Relationship	<del></del>
	d here, and I will provide legal documentation as proof:
Full legal custody	oint custody (both parents must sign below)
Date	 Date
Bato	Bute
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Cianatana af Danaut/Caandian	Signature of Deport/Cyandian
Signature of Parent/Guardian	Signature of Parent/Guardian
Printed Name of Parent/Guardian	Printed Name of Parent/Guardian
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City, ST Zip	City, ST Zip