

Name of Child Client: _____

POLICY REGARDING MINOR CHILDREN IN THE WAITING AREA:

It is the policy of the Elkhart Samaritan Center that no minor child shall be left in the waiting room unattended. This includes children waiting to see their therapist as well as when parents/guardians are meeting with their own therapist. We kindly ask that parents/guardians bring a responsible adult to supervise the child(ren) while in the waiting room or make other child care arrangements. Parents/guardians are responsible for their child(ren) and their behavior while in the waiting room recognizing that it is a therapeutic setting and persons waiting may require a quiet and calm environment. This policy is to ensure your child's safety as well as to maintain respect of others.

When the child is the one being seen by a therapist, parents/guardians need to remain on the premises during the therapy session. This is important in case of an emergency or if the therapist needs to talk with the parent/guardian. If a parent/guardian needs to leave for any reason, approval from the therapist is required prior to the session time.

Minor children who are old enough to drive themselves to their therapy sessions are expected to be responsible enough to be in the waiting room unsupervised and to conduct themselves in a manner respectful of others in the building. Parents may be required to accompany these minor children if problems arise.

POLICY REGARDING THERAPY AND LEGAL PROCEEDINGS:

Who has legal custody of this child? _____

Please initial the following conditions of treatment:

_____ I affirm that I have the authority to make health care decisions for my child(ren) and am aware that all custodial parents and legal guardians must give consent before treatment begins.

_____ I understand that it is ultimately my responsibility to make sure that I am following all legal conditions set forth by my divorce decree, separation agreement, etc.

_____ I agree not to involve the therapist or the Samaritan Health and Living Center in any legal procedure (including but not limited to divorce and custody disputes, work-related injuries, lawsuits, etc.

_____ I agree that neither I, my attorneys, or anyone acting on my behalf will subpoena records or subpoena the therapist or the office of the therapist to testify in court or in any legal proceedings.

_____ By my signature below I specifically agree to abide by these conditions of treatment.

I have read and agree to the above policies and procedures:

Signature of parent/legal guardian

Date