



FREE TO FEEL THERAPEUTIC SERVICES, PLLC

CONSENT AND LEGAL CUSTODY

Parents with legal custody are authorized to make decisions about a minor's medical and mental healthcare, including the right to give informed consent for treatment to occur and to authorize the release of confidential information to a third party.

When parents are separated or divorced, Free to Feel Therapeutic Services requires two-parent consent unless one party can provide court documentation indicating they hold sole or majority legal custody. One written consent is required to be on file. Documentation of written or verbal consent will be accepted for second-parent consent. Free to Feel Therapeutic Services will make two attempts to gain second-parent consent. If no response is able to be solicited, passive consent will be assumed and documented.

It is the responsibility of guardians to coordinate scheduling and communicate with one another regarding relevant therapy session content.

SAFE HARBOR

Safe Harbor is an agreement that legal guardians sign regarding the purpose and use of therapy for minors. It is best practice for minor clients to have a Safe Harbor agreement on file and signed by any parent/guardian who retains rights to access a minor's treatment information or documentation. Free to Feel Therapeutic Services reserves the right to require both parents to sign Safe Harbor Agreements in order for services to be provided.

CONFIDENTIALITY

Free to Feel Therapeutic Services will involve parents in the therapeutic treatment of a minor in a manner that meets the developmental and presenting needs of a child. Free to Feel Therapeutic Services providers recognize the need for minor clients to have privacy and confidentiality within therapy sessions as well. Confidentiality of the minor will be maintained in accordance with the law. Confidentiality may be broken in situations outlined within the broader client consent or when the provider deems it appropriate and necessary for minor's ongoing safety or treatment progression.

Per Minnesota law, all parents whose rights have not been terminated (or otherwise limited by court order) have a right to access information about a minor's medical and mental healthcare.

Records will be shared with legal guardians when requested in writing and a signed Release of Information is Provided. However, Free to Feel Therapeutic Services reserves the right to redact or refuse the release of records when the client's safety or well-being could be

compromised. Additionally, the Safe Harbor agreement provides additional information on permissible uses of records.

CUSTODIAL RECOMMENDATIONS

Free to Feel Therapeutic Services will not make recommendations regarding child custody or visitation arrangements, custodial rights, or placement.

SCHOOL EXCUSE NOTICE

A school excuse letter can be requested for absences caused by appointment attendance. This will be provided to the parent directly for distribution to necessary individuals/systems. All excuse letters will include client's name, DOB, and diagnosis as well as treatment scheduling details.

PAYMENT FOR SERVICES

In signing consent forms, the minor's parent(s)/guardian(s) agree to assume any fees for services. Payment arrangements between legal custodians are the responsibilities of the legal custodians. Free to Feel Therapeutic Services is not able to provide divided billing statements.

ACCESS AND AVAILABILITY DURING APPOINTMENTS

For minors under 16 years of age, a responsible adult must be present and/or easily available during any in-person appointments unless specifically arranged with the child's clinician. For minors over 16 years of age and services delivered via telehealth, a parent/guardian must be able to be easily contacted during appointment times should an emergency arise. Free to Feel Therapeutic Services reserves the right to require a responsible adult's presence for either office-based or telehealth appointments in order for services to occur.

By signing this document, I consent for my minor child to be treated by Free to Feel Therapeutic Services and agree to the above policies regarding the provision of therapy services to my minor child.

PARENT/GUARDIAN SIGNATURE

DATE