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**Child/Adolescent Notice & Consent Signature Form**

**Acknowledgement of Receipt of NC Notice of Privacy**

Child/Adolescent Name: \_\_\_\_\_

I, \_\_\_\_\_ have received and read a copy of Triangle Psychological Services' Notice of Privacy Practices.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Consent to Psychological Services Agreement**

I, \_\_\_\_\_ have read and agree to abide by the terms of the Psychological Services

Print Name of Parent/Guardian

Agreement Form for the duration of our therapist-client relationship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Consent for Caretakers/Stepparents/Relatives to Obtain Psychological Care for Your Child/Adolescent**

If someone you have entrusted with the care of your minor child (such as grandparents, nannies or babysitters, teenaged children, or other adult relatives), brings your child/adolescent to the office with your consent, I will act as if you personally consented to treatment for your child/adolescent. Any PHI (Protected Health Information) that results from this visit will be treated the same as PHI that results from a visit at which you are present. This also means that the caretaker will have access to PHI that results from this visit, and have access to any other PHI that we may need to appropriately care for your child/adolescent.

**I give consent for the following people to bring my child/adolescent for treatment as well as a Release of PHI to them:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date