

**FAMILY AND CHILD TREATMENT OF SOUTHERN NEVADA  
PARENTAL NOTIFICATION RELEASE  
AND  
TREATMENT GUIDELINES**

**Consent:**

I understand that by signing this form, I am aware that the purpose of my appointment at Family and Child Treatment (FACT) is for my child/children to receive clinical mental health therapy. I understand that FACT is not an investigating agency nor does FACT offer custody evaluations or recommendations to the court. FACT counseling agency strictly offers mental health services to my child/children and also offers any family interventions and suggestions as necessary.

**Parental Notification:**

If you are divorced or separated from the child's/children's other parent, please be aware that if the other parent has any custody rights with their child/children, they have the legal right to know about their child's treatment at FACT. In order to avoid any problems regarding custody disputes, FACT requires that the parent who attends the Intake appointment today is responsible for ensuring the child attends their appointments consistently and on time.

FACT also requires that you provide the name, address, and phone number of the child's/children's other parent at this time to make them aware of the services their child/children is receiving at this agency. A copy of this form will be mailed directly to the other parent. If the other parent does not currently have any custody rights, you are required to provide documentation that you have full custody of the child/children.

A parent whose child/children is being seen at FACT to assess for possible abuse issues, must be aware that parental notification is enforced unless there is an active Child Protective Services investigation at the time of the assessment.

**Parental Involvement With The Child's Treatment:**

FACT encourages both parents to be an active part of their child's/children's treatment. Both parents are encouraged to bring the child/children to therapy and each therapist will designate 10-15 minutes before or after the session to update you on the progress or concerns associated with your child/children. Therapist will not be responsible for calling the absent parent with the update. If one parent is unable to attend the session, it is their responsibility to contact the therapist directly and discuss any alternative means of being involved in their child's/children's treatment.

Name of other parent: \_\_\_\_\_

Current address of parent: \_\_\_\_\_

Current phone #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date