

Addendum for Therapy Involving Children of Divorced Families

Thank you for allowing me to help support your family! I hope that I can provide some useful information as we try to make life better for your child and your family. Because we are entering a treatment arrangement that involves parents, stepparents, teachers, and other caregivers, I want to inform you of a few privacy rights and business policies. My hope is that this can more effectively facilitate good treatment.

1. As defined by federal law, I do not have secure email sufficient to comply with HIPPA standards. This means that I cannot send any information protected by HIPPA regarding the legally and ethically designated client. As a result, email communication is not a viable option for me to coordinate any treatment related items to parents and caregivers.
2. Federal law requires that I obtain express consent to communicate HIPPA protected information to any person who does not have legal custody of a minor client (i.e., under age 18). Please note that this may include stepparents or grandparents or other caregivers.
3. All financially responsible parties and entities are required to sign the Information and Agreement form. However, I will not separate or divide financial obligations among parties. I require all financial obligations to be met according to the Information and Agreement, including the payment of co-pay/co-insurance at the time of service.
4. Any information directly related to the treatment of the client will be shared among all included and authorized parties. This includes and is not limited to phone messages, letters, emails, notes, and so forth. The only exception to this rule is information that falls under the limitations of confidentiality identified in the Privacy Policies and protected under state and/or federal law. In short, treatment information will be available to all relevant and authorized parties.

Please note that this addendum exists in addition to and does not replace any portion of the Information and Agreement form. Your signature verifies that you have read and agree to this addendum.

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Minor Patient's Name (printed)

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Today's Date

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Signature of Parent/Caregiver

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Relationship to Minor Patient

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Signature of Parent/Caregiver

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Relationship to Minor Patient

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Signature of Parent/Caregiver

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Relationship to Minor Patient