



Community Mental Health Services
Wayne Hall 8th Floor
125 W. Rosedale Avenue
West Chester, Pennsylvania 19383
610-436-2510 | fax: 610-436-2929
cmhs@wcupa.edu

Minor Assessment and Treatment Policy

We have prepared the following information so that all families with children understand our policies regarding consent for the assessment and treatment of minors in the WCU Community Mental Health Services (Clinic) and the involvement of our therapists in divorce and custody disputes.

Consent Practices

Our practices and procedures with respect to consent for treatment of minor children are based on the following general understandings:

- With joint custody, either parent/guardian can consent to treatment for the minor child unless there is a divorce decree that mandates otherwise.
- When there is joint custody, we make an effort to have contact with and receive consent from both parents/guardians unless there are compelling reasons against such a course of action.
- It is understood that parents/ guardians have the right to approve all medical and psychological decisions for their minor children unless otherwise ordered by the court or allowed by law.
- When there is joint custody, either parent/guardian can request an end to therapy of the minor child except where one parent/guardian has the decision making authority to make medical treatment decisions or there is a court order in place limiting a parent/guardian's ability to request an end to therapy .

Court Involvement

We are committed to providing treatment to your child in an emotionally-safe environment. To this end, we require your agreement that our provision of services through the Clinic will be strictly limited to providing therapy or evaluations that will benefit your child. Our therapists do not provide forensic or custody evaluations, nor do our therapists recommend custody or visitation arrangements. In addition, our therapists do not participate in court proceedings unless required to do so pursuant to a lawfully-issued subpoena. If a therapist is subpoenaed to testify, parents/guardians will be billed \$250/hour.

Agreements

I understand that the assessment or treatment of my child is intended solely to provide therapy to address his or her psychological needs. I understand that the treating therapist will not be a part of any legal proceedings unless court ordered, and that if so ordered, his or her testimony may be limited by ethical obligations, and that I will be billed \$250/hour in addition to other associated costs.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Witness/Therapist Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____