

Authorization for Consultation and/or Educational Services

Please print:

Child's Name: _____ **Child's Date of Birth:** _____

Parent(s)/Guardian: _____

Relationship to Child: _____

I/We, _____, hereby give full consent for my/our child and/or myself/ourselves to receive parent education services of Christina Navarro, Ed.D. in conjunction with psychological services that are being provided by Michelle M. Forrester, Ph.D. and/or her clinical staff.

I/We further certify that I/we have the legal authority to authorize and consent to receive these services as parent(s), managing conservator, or guardian(s) of this child.

I/We understand that any information that I/we provide to Christina Navarro, Ed.D. is confidential and generally will not be released to others without my/our written consent. However, I/we understand that state and/or federal law might require Christina Navarro, Ed.D. to disclose confidential information without my/our consent in certain circumstances. I understand that Christina Navarro, Ed.D. may be required to disclose confidential information, without the consent of a client or a client's legally authorized representative, in one or more of the following situations: (1) if a client is evaluated to be a danger to self or others; (2) if Christina Navarro, Ed.D. believes a child is the victim of abuse or neglect; (3) if information is disclosed about the physical or sexual abuse or neglect of a child, elder, or disabled person; (4) if a suit is filed by me/us or my/our child against Christina Navarro, Ed.D. for breach of duty; and (5) if a court order, legal proceeding, statute, or regulation requires disclosure.

I/We understand that I/we will not receive a copy of my/our child's records without the approval of Michelle M. Forrester, Ph.D. or another authorized professional. I further understand that the services provided by Christina Navarro, Ed.D. are not psychological and should not be construed as therapy. Consulting services provided by Dr. Navarro are educational in nature.

My/Our signature on this consent form verifies that I/we have had the opportunity to ask questions regarding Christina Navarro, Ed.D.'s policies, procedures and educational techniques, that my/our questions were answered to my/our satisfaction by either Dr. Forrester, her staff or Dr. Navarro, and that I/we voluntarily give my/our consent for services. I/we understand that I/we have the right to withdraw my/our consent for services at any time.

Parent/Guardian's Signature

Date

Printed Name of Parent/Guardian

Relationship to Child

Parent/Guardian's Signature

Date

Printed Name of Parent/Guardian

Relationship to Child