

**Authorization for Parent Education/Consultation**

*Please print:*

Names(s): \_\_\_\_\_

I/We understand that although my/our child is not currently a client of Dr. Forrester, I/we am/are here to receive generalized parent education and/or consultation. I/we understand that within this context any information that I/we provide to Dr. Forrester 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 Dr. Forrester to disclose confidential information without my/our consent in certain circumstances. I understand that Dr. Forrester may be required to disclose confidential information, with or without my consent, in one or more of the following situations: (1) if a client is evaluated to be a danger to self or others; (2) if Dr. Forrester 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 Dr. Forrester for breach of duty; and (5) if a court order, legal proceeding, statute, or regulation requires disclosure.

My/Our signature on this consent form verifies that I/we have had the opportunity to ask questions regarding Dr. Forrester's policies, procedures and therapy techniques, that my/our questions were answered to my/our satisfaction by Dr. Forrester, and that I/we voluntarily give my/our consent for parent education/consultation. I/we understand that I/we have the right to withdraw my/our consent at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name