White Cloud Therapeutic Services, LLC
322 Monticello Ave.
Williamsburg, VA 23185
Whitecloudtherapy.com | info@whitecloudtherapy.com | tel: 757-503-7917 | fax: 855-823-3243

Guardian Informed Consent to Child Therapy

I have brought my child to White Cloud Therapeutic Services, LLC, for evaluation and/or treatment. I understand that the therapist's patient is my child – not me, any other sibling, or my spouse. This is true no matter who pays for the evaluation/treatment of my child.

I understand that the therapist's primary responsibility is to my child's best interest and that the therapist may decide to involve me in my child's evaluation/treatment at their sole discretion.

I understand that the therapist and White Cloud Therapeutic Services, LLC is not agreeing to be an expert witness or to testify on my behalf or on the behalf of any other individual other than my child at any deposition, court proceeding, or in any other way. I understand that the therapist may or may not meet with me, my attorney, or any other party or attorney in any custodial or divorce proceeding at their sole discretion. The therapist may also charge for the receipt of any correspondence or acceptance of any telephone calls, other than those directly from the court or counsel for my child.

I have read the above paragraphs and understand them. By signing below, I agree to the above.

Parent/Guardian: ______________________________________

Parent/Guardian: ______________________________________

Date: ______________________________