



www.evolvingroles.com.au

Counselling, Therapy & Groups

In Person & by Zoom Telehealth

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Shared Care Consent for

When you are co-parenting as separated parents we need to have a Shared Care Parenting understanding that you **both** consent to. Clarity about some of the details of that should be provided before treatment starts.

Child/Teens name

DOB

Current Shared Care Arrangements (formal and informal)

I agree to my child receiving clinical services at Evolving Roles Child, Adolescent, Adult and Family Therapy

I would like to stay informed throughout the entire therapy and assessment process on all communication (pro rata session fees apply)

I am happy for the primary contact person to be the main receiver of information and make decisions regarding assessment and treatment on my behalf.

Parent/
Guardian name

Address

Signature

Date

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