

Statement of sole and full custody legal status

I/we _____ and _____ (print both parents names) as the biological parent(s) with sole and full custody of _____ (patient name), give my/our permission to have Dr. Thomas Brunner serve as a treatment provider for my child. Further, we agree that we will allow _____ (print name) to serve as the person who will convey information to the other parental parties. I hereby state that I/we have _____ full custody of my child, and have the legal right to make independent decisions for my child with the respect to their mental psychological healthcare. I further state that I have provided Dr. Brunner with a copy of any legal documentation containing a description of who can make healthcare decisions.

I have read, understood, and agreed to the section entitled “Statement of caregiver legal status”

Patient Name: _____ Parent/Guardian (if minor): _____

Signature of Parent: _____ Date: _____
Signature of Parent: _____ Date: _____

Statement of agreement among parties sharing custody of minor

We _____ (primary female caretaker) and _____ (primary male caretaker), and _____ (secondary female caretaker) and _____ (secondary male caretaker), and _____ (other legal guardian) do hereby agree that _____ (print name of contact person) may serve as the contact person who will serve as the liasion between we, as the caretaking team and Dr. Brunner, treatment provider.

We all agree that the aforementioned contact person (named above) is a guardian of this child and may independently make healthcare decisions for this minor. Further, we all agree that none of us have withheld any legal documentation as it pertains to healthcare decisions or any of our custodial statuses. We also do not, and will never hold Dr. Brunner responsible for communicating with all of us, but rather agree to have the said contact person (named above) serve as the person who will convey information about treatment to any of us. Finally, we all understand that Dr. Brunner is not serving in the role of custody evaluator, and that he is not willing to testify in court to help any one party gain a better custody status.

I/we have read, understood, and agreed to the section entitled “Statement of caregiver legal status”

Patient Name: _____
Signature of primary female caretaker _____ Date: _____
Signature of primary male caretaker _____ Date: _____
Signature of secondary female caretaker _____ Date: _____
Signature of secondary male caretaker _____ Date: _____
Signature of legal guardian _____ Date: _____

Witness: _____ Date: _____