



Wilson Counseling
LIFE CAN BE GOOD

JOINT CUSTODY PERMISSION TO TREAT

I, AS JOINT CUSTODIAL PARENT OF _____, HEREBY GIVE PERMISSION FOR THE ABOVE-NAMED CHILD TO RECEIVE AND PARTICIPATE IN COUNSELING/MENTAL HEALTH SERVICES WITH WILSON COUNSELING, LLC. I UNDERSTAND THAT REQUIREMENT OF CONSENT FROM BOTH CUSTODIAL PARENTS IS REQUIRED FOR TREATMENT SERVICES TO BE PROVIDED. I UNDERSTAND THAT BOTH CUSTODIAL PARENTS WILL BE PROVIDED OPPORTUNITY TO PARTICIPATE IN TREATMENT PLANNING AND, WHEN APPROPRIATE AND RECOMMENDED BY THE TREATING CLINICIAN, PARTICIPATE IN THERAPY SESSIONS. I FURTHER UNDERSTAND THAT WILSON COUNSELING SHALL PURSUE PAYMENT OF AMOUNTS DUE FROM BOTH PARENTS AND THAT PERCENTAGES ASSIGNED BY THE COURT ARE NOT THE OBLIGATION OF WILSON COUNSELING TO DIVIDE.

CUSTODIAL PARENT SIGNATURE

DATE: _____

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