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Consent for Treatment Form

I certify that I have been given the opportunity to read or review and agree to the terms set forth in the following documents:

_____ Key Policy Summary Statement

_____ Authorization for Release of Information Form (if applicable)

This acknowledgement serves as my informed consent for treatment for my child. I also understand that the practice has the right to change these documents from time to time and that I may contact the practice at any time at the address listed to obtain a current copy of these documents.

Consenting to Treatment of Minors:

In order to ensure parents/guardians consent to and have the opportunity to participate in treatment, we must understand any custody issues. Please initial the appropriate statement:

_____ Both parents live together and agree to this treatment.

_____ There is a formal or informal custody agreement in place and we understand that we must provide a copy of the agreement and sign a consent for treatment in joint custody cases.

_____ The parent/guardian signing has sole legal custody and will provide that paperwork.

Print Patient Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____