

**Non-Intact Family Agreement**  
**For the divorced/separated/otherwise shared custody parent of a child receiving services.**

I, \_\_\_\_\_, am aware that my child, \_\_\_\_\_,  
(name of divorced/separated/otherwise shared custody parent's name) (child's name)

has an intake appointment scheduled with you (Elisa Horton) on \_\_\_\_\_ at \_\_\_\_\_.  
(date of appointment) (time of appt)

The appointment was made by \_\_\_\_\_. I understand that my child will be in continued  
(name of parent/guardian initiating appt for child)

counseling with you and give my consent for you to provide counseling services to my child. I understand that there are limits to what a therapist can share with a parent with respect to a child's right to confidentiality (as listed in the Notices of Privacy Practices/HIPAA laws and Informed Consent Forms available on [www.elisahorton.com](http://www.elisahorton.com)). I understand that the only part of a family session can be discussed with me if I was not present is the part that pertains to my child's treatment/progress, within limits. Lastly, I acknowledge that I am bound by all service terms and conditions as outlined in the HIPAA Notice of Privacy Practices and by Elisa Horton's Informed Consent for Treatment Forms.

\_\_\_\_\_  
Signed by divorced/separated/otherwise shared custody parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of above

\_\_\_\_\_  
Address to receive mail at regarding the child (please remember to include city, state, and zip)

\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_  
Phone number where a message can be left regarding the child's care

\_\_\_\_\_  
Email address where information can be received (it will not be confidential – please do not give an email if it is not ok that it will be non-confidential as Elisa Horton cannot guarantee email's confidentiality).