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**Consent to Evaluation & Treatment: Children**

Your child's treatment/evaluation can promise great benefit and also comes with some risks. Risks can include experiencing uncomfortable levels of emotion such as sadness, guilt, anxiety or anger, and recalling and discussing unpleasant life experiences can be distressing. Jillian DePaul, Ph.D. will discuss with you the benefits, risks and side effects of the treatments and/or evaluation procedures under consideration in your particular case. Though there are no guarantees, psychotherapeutic treatment offer have been shown to benefit people and lead to reduction of symptoms, as well as improved relationships and overall ability to meet and more successfully deal with life's challenges.

In the case of minor children, parents must provide consent for treatment. In the case of shared or joint, legal custody of a child by divorced parents, the consent of one parent is required to proceed, however the other parent must not state a clear objection. If you are the parent who is bringing your child in for appointments, you may be asked for the name, address and telephone number of his or her other parent. As a routine matter, both parents will be invited to participate in your child's treatment. The exact form and frequency of such contacts will be determined on the basis of need as assessed on a case-by-case basis by your child's doctor or therapist. When one parent objects, treatment cannot proceed. In order for treatment to proceed, parents must resolve the matter between them, or refer the matter to the court for resolution.

This consent will remain in effect through completion of your treatment or evaluation with Jillian DePaul, Ph.D. You have the right to revoke your consent at any time. Should you choose to do so, we ask that you do so in writing. Notice of revocation of consent will be considered effective on the date your doctor receives your revocation. Revocation of consent will necessarily result in termination of treatment.

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Patient Name- Printed

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient Name- Signature  
(Parent or guardian if minor or dependent)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date