PSYCH CHOICES OF THE DELAWARE VALLEY
5060 STATE RD DREXEL HILL, PA 19025
(610) 626-8085 FAX (610) 626-8032

Declaration of Custody

Patient Name: _____

Patient Date of Birth:_____

Please choose from one of the following three options regarding your custody arrangements for the above named patient:

- **I am divorced or separated from this child's other parent and I have full custody of this child. I have complete and full authority to make any and all medical decisions concerning my child's health care needs without the consent or knowledge of my child's other biological parent.**

- **I am divorced or separated from this child's other parent, OR we are married or living together and there is no legal declaration of custody for this child. Therefore, I have complete and full authority to make any and all medical decisions concerning my child's health care needs without the consent or knowledge of my child's other biological parent.**

- **I am divorced or separated from this child's other parent and we share legal custody for this child. I understand that Psych Choices of the Delaware Valley must and will contact this child's other legal guardian before providing treatment for my child, and I agree to this contact. I further understand that if the child's other legal guardian refuses to consent to treatment, Psych Choices of the Delaware Valley will be unable to provide treatment for my child.**

  Name of Other Legal Guardian:_____

  Phone # of Other Legal Guardian:_____

  Address of Other Legal Guardian:_____

  _____

My signature below indicates that I have read and understand this form. I also agree to notify my child's treating therapist immediately if the custody situation outlined above changes in any way.

_____ _____
Parent's Signature **Date**

It is the express opinion of Psych Choices of the Delaware Valley that in most situations, non custodial parents should be informed that their child/children are in therapy. However, this issue should be discussed on a case by case basis with your therapist if you have any concerns.