



# Behavioral Health Divorce/Separation Policy

Patient Name (Last, First): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Co-Parent Informed Consent: (please initial) \_\_\_\_\_**

The Behavioral Health Consultants (BHCs) are not custody evaluators and will not make any recommendations on custody. AHP requires either a copy of the standing court order demonstrating the custodial rights of each parent (e.g., divorce decree) and/or signed informed consent forms from both biological-or-custodial parents before the initial visit.

**Documentation and Records: (please initial) \_\_\_\_\_**

Parents or legal guardians who have consented to behavioral health services and/or have the legal right to access their child's psychological records can complete the release of records request form to obtain appointment encounters and any other applicable clinical documents. The BHCs may deny access to any portion of a record if the BHCs determine that release of that portion would be harmful to the patient's physical, mental, or emotional health. If the BHCs deny access to any portion of a record, a signed and dated written statement that having access to the record would be harmful to the patient's physical, mental, or emotional health will be provided and a copy of the written statement will be placed in the patient's records (*Texas Health and Safety Code Sec. 611.0045*).

**Consults with Behavioral Health Consultants: (please initial) \_\_\_\_\_**

I understand that by typing my name and clicking on "submit," I have agreed that I have fully read the Behavioral Health Divorce/Separation Policy and I am electronically signing this document. Parents or legal guardians who have consented to behavioral health services and/or have the legal right to consult with their child's mental health provider can schedule phone consults or parent-only appointments at an additional fee.

**Good Faith Clause: (please initial) \_\_\_\_\_**

I understand that the Behavioral Health Team will be relying on my honest answer to this policy and will be working with me in "good faith" based on the information and documentation I provide. If it is discovered that I have not been honest or have falsified documentation, I understand that it will be grounds for termination from the Behavioral Health Team's practice.

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Parent or Legal Guardian Signature

Date