

## ***CUSTODY ADDENDUM***

Whenever a child or person under guardianship is admitted to the CornerstoneVision Counseling (CVC) the admitting person (parents and/or guardians) agree(s) that their request for treatment of their child and/or the person under their guardianship is based on their having legal authority and/or custody.

While any parents with legal visitation can admit a child for treatment in a crisis (ie: typified by their child having been traumatized in some fashion and to be in significant distress) the primary custodial parent/guardian must be notified, as well. A custodial parent/guardian can mail, hand deliver, or fax a permission form, attached with the court records, that they are allowing the noncustodial parent/guardian to admit the child to treatment and/or to maintain it.

State legal guidelines require the option for noncustodial parents to have the right to knowledge of all treatment and interventions, in the event they request it. However, it is CVC policy that noncustodial parents or others will not be notified unless specifically requested by the custodial parent/guardian and a release is signed to confirm approval.

CVC will not take the role of resolving this permission if the parties disagree. In non-emergency situations treatment will be halted until such time as the party holding legal custody grants permission. The party “responsible for payment” will be billed for any treatment provided. This person will be the one who signs for treatment unless agreed to otherwise by all involved parties. CVC reserves the right to contact this person to confirm his/her acceptance of financial responsibility.

If I am a **Foster Parent** or have **Custodial Authority**, I have provided the CornerstoneVision Counseling staff with evidence of my custodial care capacity to manage/coordinate health care services for \_\_\_\_\_.  
Client’s Name

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_