

Diane Bauer, M.S., PACT II
4103 Boardwalk Drive, Suite 202
Fort Collins, CO 80525
(970) 829-8569

Statement of Parental Responsibilities

I, _____, hereby state that I have _____

(i.e., shared, sole) custody of the following children:

_____ Name	_____ D.O.B.
_____ Name	_____ D.O.B.
_____ Name	_____ D.O.B.
_____ Name	_____ D.O.B.

Furthermore, I hereby consent to the provision of therapy services provided by Diane Bauer, M.S., Registered Psychotherapist, to aid the child or children.

Dated this _____ day of _____ 20__

Custodial Parent / Legal Guardian

Witness

- Notes: 1. Shared decision-making includes married as well as divorced couples.
2. If joint, use 1 form for each parent.
3. If sole, only one signature is required.