



Behavioral Health of Brighton

CONFIRMATION OF LEGAL CUSTODY

***ONLY FILL OUT THIS FORM IF BOTH PARENTS DO NOT LIVE IN THE SAME RESIDENCE AS THE CHILD

CHECK THIS BOX IF THIS FORM IS NOT APPLICABLE TO YOUR CHILD

Sole Legal Custodial Parent

Joint Legal Custodial Parent

Legal Guardian

of (child) _____ and therefore I have the legal authority to enter this child into therapy and to sign papers on the child's behalf. I understand that if there is joint legal custody with another person, that person may also be involved in the child's therapy and/or may receive communication from the therapist.

Legal Custodial Parent or Guardian

Date

If Joint Legal Custody, please provide the following information:

Name of other parent or guardian: _____

Address: _____

Phone(s): _____