



Heather Luevano MFT

Coastal Family Therapy

License #MFC42278

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JOINT CUSTODY CONSENT FORM

Parents with joint legal custody must sign the following contract prior to the first appointment.

Policies Regarding Custody Issues (consistent with State Laws)

1. Heather Luevano does not conduct custody evaluations or give custody opinions.
2. If parents have joint legal and medical custody, both must agree on the treatment plan for the child to be treated by Heather Luevano.
3. In court custody matters, a child's records will be released only by an order by the judge or to an attorney appointed by the court to represent the child. In court matters, children own privilege to their records.
4. Records will not be given to parents. Such violation of confidentiality would destroy the therapeutic relationship. Record summaries may be requested.
5. All parents, even non-custodial parents, have a right to know how the child is doing in therapy.

I have read and agree to the above policies and I give my consent for Heather Luevano MFT, to provide psychotherapy treatment to my child,

_____ (minor's name)

Transportation will be provided by _____

Co-pays, fees and late fees will be paid for by _____

Contact person for scheduling will be _____

Mother's Name _____ Date _____

Mother's Signature _____ Phone _____

Father's Name _____ Date _____

Father's Signature _____ Phone _____