



Intent Of Treatment Waiver

By signing this Document I acknowledge that any evaluation, assessment, therapy or medication management is for the treatment of the client as an individual, and *is not* to be used for the purpose of determining parental competency or custody. Such an evaluation should be conducted by an independent evaluator designed for that specific purpose.

Client Printed Name: _____ DOB: _____

Client Signature: _____ Date: _____

Guardian Printed Name: _____ Relation: _____

Guardian Signature: _____ Date: _____

Guardian Printed Name: _____ Relation: _____

Guardian Signature: _____ Date: _____