



CRISALIDA

CHILD, ADOLESCENT, ADULT & FAMILY THERAPY

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3D – SHARED CARE CONSENT FORM

Please read the following statements regarding treatment, and sign to acknowledge you agree to these terms. A copy of this form will be kept on file.

In the event of parental separation, the following applies:

- Where a shared care arrangement is in place, or where care arrangements are not formally established, both parents must consent to the child undergoing treatment or therapy services at Crisalida by signing this form.
- This form must be signed before or at the first session in order for treatment or services to proceed. The child cannot receive treatment or services unless this form has been completed
- Privacy, confidentiality, and sharing of information arrangements can be discussed by carers with their Crisalida therapists

I agree to the above conditions and to my child receiving clinical services at Crisalida Child, Adolescent, Adult and Family Therapy.

Parents and/or Guardians:

please print full name	please print full name
sign	sign
date	date

Crisalida Therapist:

sign	date
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