



Rosalind L. Heiko, Ph.D.
Licensed Psychologist

Suite 203
531 Keisler Drive
Cary, NC 27518

Tel. 919.858.9692
www.drheiko.com

Child/Adolescent Form for Notice & Consent

Acknowledgement of Receipt of Notice of Privacy for: _____

Child/Teen Name

I, _____ have received a copy of Pediatric & Family Psychology's Notice of

Print Name of Parent/Guardian

Privacy Practices.

Signature

Date

Psychotherapist-Client Agreement

I, _____ agree to abide by the terms of the

Print Name of Parent/Guardian

Psychotherapist-Client Services Agreement Form for the duration of our therapist-client relationship.

Signature

Date

Consent for Caretakers/Stepparents/Relatives to Obtain Psychological Care for Your Child

If someone you have entrusted with the care of your minor child (such as grandparents or child care worker, teenaged children, or other adult relatives), brings your child to the office with your consent, I will act as if you personally consented to treatment for your child. Any PHI that results from this visit will be treated the same as PHI that results from a visit at which you are present. This also means that the caretaker will have access to PHI that results from this visit, and have access to any other PHI that we may need to appropriately care for your child.

I give consent for the following people to bring my child for treatment as well as a Release of PHI to them:

Signature

Date