

**RELEASE FOR THE EVALUATION  
AND TREATMENT OF A MINOR**

As parent or legal guardian of \_\_\_\_\_ I authorize his/her treatment. I understand and agree that both parents of a child receiving services from RIEGLER, SHIENVOLD & ASSOCIATES shall be furnished with access to the child's records or such portions thereof, as may be required by federal or state law, *unless documented differently through a divorce decree, or parental rights to the child have been terminated by the courts. I affirm that I have provided a copy of the most recent court/custody order, if applicable.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**IF YOU ARE UNABLE TO OBTAIN WRITTEN CONSENT FROM YOUR CHILD'S CO-PARENT OR GUARDIAN, OR PROVIDE DOCUMENTATION AS NOTED ABOVE, PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:**

Name of parent or legal guardian: \_\_\_\_\_

Current/Last known address: \_\_\_\_\_  
\_\_\_\_\_

Current/Last known Telephone Number: \_\_\_\_\_

Current/Last known Email address: \_\_\_\_\_

If you cannot provide a signature or current or last known contact information, please explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_