

# Custody & Legal Authority Attestation

## Patient Information

Child's Full Name:

Date of Birth:  /  /

## Parent /Legal Representative Information

Name of Parent / Legal Representative Completing This Form:

Relationship to Child:  Mother  Father  Legal Representative  Other:

Phone:

Email:

## Legal Authority to Consent

By completing this form, I attest to the following:

- I am the child's parent or legal representative and have the legal authority to consent to psychological and neuropsychological evaluation and related services on behalf of the child named above.

### Legal Basis for Authority to Consent (check one):

*If there is a custody order or parenting plan, please select "Court-ordered custody or parenting plan" above.*

- Birth parent with no court order limiting legal decision-making authority  
 Court-ordered custody or parenting plan (relevant pages attached)  
 Court-appointed guardianship (documentation attached)

### Court Orders or Legal Restrictions (check one):

- There are no court orders, custody agreements, or legal restrictions that limit my authority to consent to evaluation or related services.  
 There are court orders, custody agreements, or legal restrictions that affect decision-making authority.

*If checked, please describe briefly and provide documentation if applicable. I agree to provide a copy of the relevant portions of any custody order, parenting plan, or guardianship document upon request and prior to or during the provision of services.*

### Custody/Decision-Making Terms Used in Your Court Documents (check all that apply):

- Sole legal custody  
 Joint legal custody.  
 Shared parental responsibility  
 Guardianship  
 Other (please explain):

If legal decision-making authority is shared, I acknowledge that it is my responsibility to ensure that consent for services is consistent with any applicable court order, custody agreement, or parenting plan. Pediatric Neuropsychology Associates PLLC is not responsible for obtaining consent from other parties unless required by law or a valid court order.

## Other Parent / Legal Representative Information (if applicable)

Name:

Relationship to Child:

- Has joint legal decision-making authority  
 Does not have legal decision-making authority  
 Unknown / not applicable

## Acknowledgments

Please read and initial each statement:

- I understand that Pediatric Neuropsychology Associates PLLC relies on the accuracy of the information provided in determining consent and authorization.
- I understand that the practice does not adjudicate custody disputes and relies on parents or legal representatives to disclose any legal limitations.
- I agree to promptly notify Pediatric Neuropsychology Associates PLLC in writing of any changes to custody, guardianship, or legal decision-making authority and understand that services may be paused or limited until updated documentation is received and reviewed.
- I understand that failure to disclose custody or legal restrictions may result in delays, suspension of services, or limitations on release of information.
- I understand that providing inaccurate, incomplete, or misleading information regarding custody or legal decision-making authority may result in suspension or termination of services and may expose me to legal responsibility for any resulting disputes.
- I understand that the practice may rely in good faith on the accuracy and completeness of the information provided and is not responsible for independently verifying custody or legal authority unless a valid court order is provided.

## Electronic Signatures and Records

By signing this form electronically, I agree that my electronic signature and any related electronic records shall have the same legal validity and enforceability as a handwritten signature and paper documents. I acknowledge the use of electronic records for this agreement.

## Signature

Printed Name of Parent / Legal Representative:

Signature:

Date:

*A copy of this signed form will be retained in the patient's health record.*

## For Office Use Only

Date Received:

Received By:

Staff Role:

Filing Method:  Paper File  Digital File  Both

Notes: