

Linda S. Budd, PhD, LP, LMFT

CHILD PROGRESS NOTES AGREEMENT

I, _____, understand in agreeing to have my child see Dr. Linda Budd that I relinquish the right to review my child's file. Dr. Budd is by law required to report if my child is endangering him/herself or another person. Dr. Budd will always ask my child if she can have permission to discuss with me (either with or without my child's presence) issues she believes would be important for me to know as the parent. If for any medical or legal reason the notes are requested, Dr. Budd agrees to prepare a summary of her work with my child.

Parent signature

Date