

**THIS IS ONLY A SAMPLE**  
**PLEASE WRITE YOUR OWN BASED ON THE SPECIFIC NEEDS/SITUATION OF**  
**YOUR PRACTICE**

**Behavioral Health**  
**PARENT AFFIDAVIT**

I, \_\_\_\_\_, parent of \_\_\_\_\_,

understand and agree that both parents of a child receiving services from

\_\_\_\_\_ shall be furnished with access to the child's records or such  
(Practitioner/Provider)

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness