

Max Taylor, Psy.D, LLC

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Notice of Child Counseling for Separated/Divorced Parent

ACKNOWLEDGEMENT OF COUNSELING

This release is an acknowledgement that Dr. Max Taylor, Psy.D., LLC is seeing my child _____ in therapy and that I am aware of the invitation by Dr. Taylor to participate in this therapeutic process.

I accept the invitation to participate ____

In person ____

By phone ____

In writing ____

I decline to participate ____

Print Name: _____

Date: _____

Parent Signature: _____

Date: _____