Village Counseling Center
HELP AND HOPE FOR CHILDREN AND FAMILIES

Therapeutic Visitation Consent

Client's Full Name: _____ **Date of Birth:** _____

Purpose: Therapeutic supervised/family visitation aims to provide an emotionally safe and structured environment for children to maintain or rebuild relationships with a parent, particularly in situations involving complex family dynamics. Please note that any violations of these rules may result in the immediate termination or suspension of visitation.

Visitation Rules:

- Violence, threats, or aggressive behavior are prohibited.
- No drugs, alcohol or being under the influence of such during visitation.
- Physical punishment or abuse is forbidden.
- Negative remarks about another parent or caregiver are not allowed.
- Legal matters must not be discussed with the child.
- Avoid discussing the child's removal or trauma; reserve such topics for family counseling.
- Follow all court orders and case plans.
- Adhere to clinician instructions.
- Unapproved gifts or items are not allowed.
- Recording during visits is prohibited.
- Do not make false promises to the child regarding custody or living arrangements.

Visitation Responsibilities:

- Be on time for visits.
- Focus on safe interactions with the child.
- Follow therapeutic interventions.
- Discuss any concerns with the clinician before the visit without involving the child.
- Keep in touch with the therapist about scheduling, cancellations, and other concerns.

By signing below, I agree to participate in therapeutic visitation with my child/children. I consent to the clinician observing, documenting interactions, and providing necessary interventions. I understand confidentiality limits, including mandatory abuse reporting and potential court disclosures. I will follow all the rules in this agreement and understand that violations may end or suspend visitation. Finally, I also acknowledge that I have received a copy of this form, and that, when necessary, written reports will be provided to relevant parties, including the court.

Parent/Caregiver Name: _____ Date _____

Parent/Caregiver Signature: _____

Therapist Name: _____ Phone: _____