



A.I.M. Counseling Service Contract

Addendum to Informed Consent with A.I.M. Therapists: Parental & Child Services

I, _____ consent to AIM
International Inc. providing services to

(Name of Minor/Dependent Adult)

(Date of Birth DD/MM/YY)

- *For children who are under the age of consent, both parents, who have parental authority, must consent to the services. Parental authority is defined as a parent or guardian who has legal responsibility for their children.*

If a joint custody agreement is in place, the parent accessing therapy for the child is bound to inform the other parent of the child accessing therapy and the A.I.M. Therapist must obtain that second parent's Signed Consent before proceeding with such counselling.

Your AIM Therapist will function in a therapeutic capacity only, providing support and guidance to you and to your family. Your AIM Therapist will not provide expert opinions about the best interest of children. No formal assessments of the child or parents will be conducted. Your AIM Therapist will not provide any recommendations regarding parental fitness and or custody, access matters.

Our AIM Therapists are unable to make diagnostic statements or recommendations, or any informed clinical judgments about legal, medical or work-related matters based on information gathered from counselling sessions.

I, as the parent or custodial guardian of _____
have been informed of these additional procedures and conditions of AIM Therapy
and accept the assistance offered with the full knowledge and understand of these
procedures and conditions.

Parent/Custodial Guardian Signature

Date (DD/MM/YYYY)

AIM Therapist

Date (DD/MM/YYYY)