



# Beth Powell's In-Family Services

*Family Centered & Trauma-Focused*

Counseling and Psychotherapy, Parent & Professional Trainings,  
Trauma-Sensitive Yoga

Date: \_\_\_\_\_

Name of Child in CPS Custody: \_\_\_\_\_

Name of Representative for CPS Guardianship: \_\_\_\_\_

County and Title: \_\_\_\_\_

Name of Representative of Private Foster-Adopt Agency: \_\_\_\_\_

Name of Agency and Title: \_\_\_\_\_

Custodial Parent's or Parents' Name (s): \_\_\_\_\_

I, (Lucy) Beth Powell, LCSW, outpatient behavioral health provider, do not have a provider contract with your agency. I have been asked by the foster-to-adopt/foster-to-PMC parental custodian of the child named above to provide outpatient psychotherapy services for this child who is in their care. In order to work with this child and family in therapy, I need for my scope of practice and the limits of my service provision to be respected by you in order for me to proceed with treatment.

1. I am legally and ethically responsible, according to my licensure, to assess my clients according to my experience, my licensure, and my training. I cannot and will not accept someone else's treatment protocol nor suggestions for treatment. **I must do my own assessment and make my own treatment plan.**

**2. In order to work with children who are in current CPS custody, I will only interface with the custodial parent and provide only that parent with the normal client paperwork that is generated from this business for clients. I will accept no calls or respond to other forms of correspondence from other entities involved in the child's case.** I am unable to create documents aside from the current documents I provide, nor send documentation to any of the other professionals involved in this child's case. After I finish the assessment of the custodial child's outpatient behavioral health needs, I naturally create a pro-bono treatment plan that discusses my method of assessment, my findings, my conclusions and my recommendations for treatment. I give that treatment plan to the custodial parent. The parent is free to give the report to whomever they need to give it. Likewise, at the end of each therapy session, the parent is given the progress note for that session. The parent is free to give the progress note to whomever they need to give it. The parent keeps the records of my assessment and treatment of the child, and the parent provides that paperwork to requesting doctors, other health care providers, and to any and all legal state and private entities involved in the case of this child who has the legal right to request.

I will respect (Lucy) Beth Powell, LCSW's, scope of practice and the limits of her service provision as stated in this document: Individuals named at the beginning of this document, please sign and date below:

CPS representative named above: \_\_\_\_\_  
(Signature and date)

Foster agency representative named above: \_\_\_\_\_  
(Signature and date)

Custodial parent named above: \_\_\_\_\_  
(Signature and date)

Lucy (Beth) Powell, LCSW  
**Author of Fun Games and Physical Activities to Help Heal Children Who Hurt:**  
**Get on Your Feet!**

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