



CONSENT FOR TREATMENT OF MINOR

By signing this consent form, the parent/guardian acknowledges that he/she has the legal authority or custodial rights to authorize therapy for the minor. However, in the future, if either parent expressed in writing a desire to terminate therapy for the minor child for any reason, then therapy will cease immediately and will only resume if both parents give consent in writing.

I understand that clinical services without my attendance are confidential unless there is a determination by the therapist of self-harm, danger to others, suspicion of abuse, or if the therapist is ordered by a court to disclose information (e.g., child custody situations or litigation). Parental involvement in therapy will be encouraged by the therapist when clinically appropriate.

I have read the information on the consent form and understand all of the provisions.

Parent/Guardian Signature: _____

Date: _____

Therapist Signature: _____

Date: _____