

Consent For Treatment Of Minor(s) & Others

I _____ give my consent that _____ will be conducting
(name of guardian/parent) (name of therapist)
psychotherapy with _____.
(name of minor)

My relationship to the client (parent, uncle, etc.): _____

I was notified that the holder of the privilege is (parent, guardian, etc.) _____ .

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Office Policies form, which I have read and signed.

In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept the above therapist's judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's wellbeing.

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date