

# Consent for Treatment of a Minor



I, (name of parent/guardian) \_\_\_\_\_  
give my consent that (name of therapist) \_\_\_\_\_  
will be conducting psychotherapy with (name of minor) \_\_\_\_\_

My relationship to the minor: \_\_\_\_\_

I understand that the holder of the privilege is the minor.

I understand that all material discussed during the psychotherapy 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 social media, alcohol, drugs and sex. I will accept the 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 patient's well-being or damage the psychotherapist patient relationship.

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

***But I am like an olive tree flourishing in the house of God; I trust in God's unfailing love for ever and ever. ~Psalm 52:8***