

Consent to Treat a Minor

Please check boxes and sign below indicating your agreement to respect your child's/adolescent's privacy:

- I have the right to request detailed information about individual therapy sessions with my child/adolescent. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed, which is optional.**

- I recognize that at any time I have the right to consult with Tamara Siegel, MA, LPC regarding the course of treatment. I do however, understand that minors have the rights to privacy as do adult clients. Counseling sessions will be private/confidential except in a situation where, in addition in the above: (1) the minor expresses to harm him/herself or others, (2) the minor is involved in behavior that is considered dangerous/unsafe based upon the counselor's opinion, (3) the minor discloses physical or sexual abuse to self and others, and/ or (4) the minor agrees to allow his/her parent(s) to be entirely informed of the session content.**

I understand that this agreement is legal and binding from the date of my signature until the termination of counseling. I certify that I understand the form content.

Signature of parent/legal guardian

Date

Signature of non-custodial parent/guardian

Date

Signature of Child/Minor

Date

Therapist Signature

Date