

Valiant Path Counseling

MINOR CONSENT FORM

Legal Consent for Therapy

Counseling, child and adolescent therapy is a collaborative process with supportive parental involvement. Both clients and families are encouraged to follow through with treatment recommendations in order to foster progress and positive outcomes.

I give consent to Valiant Path Counseling-(Valeria Ventura, LMFT #146231) providing mental health assessment and treatment for my child under the terms stated. I attest that I am legally responsible for this child and grant permission for psychotherapy services with or without me present in session. As a legal custodial parent I understand that I have the right to information concerning my minor child in therapy, except where otherwise stated by law. I also understand that therapy at Valiant Path Counseling provides a minor child with a private environment in which to disclose freely.

Both you and your child/adolescent may end the counseling relationship at any time, without penalty or prejudice (with the exception of late cancellations/no shows as identified on the consent for treatment form). While free to discontinue services at any time, it is preferable to have a closing session or phone call, to ensure the adolescent/child understands that counseling is ending and to provide an appropriate closure to the experience. You may also have the right to refuse or discuss modifications of any of my counseling techniques or suggestions that you believe may be harmful.

Confidentiality

Therapists who work with adolescents/children have the difficult task of protecting the adolescent's/child's right to privacy while at the same time respecting the parent's or guardian's right to information. Therapy is most effective when a trusting relationship exists between the counsellor and the adolescent/child. Privacy is especially important in securing and maintaining that trust. In our practice, we provide individual counseling to adolescents/children and ensure the caregiver/parent is involved in the process through consultation with them. At times, the parent/caregiver may even participate in the sessions. However, to ensure a child's privacy we will not provide detailed information to the parent/caregiver regarding what the child shared unless the child provides consent. Instead, general themes, ideas and recommendations will be provided as well as support and encouragement to the parent/caregiver. If it is necessary to refer your child to another mental health professional with more specialized skills, we will share that information with you. Other areas of confidentiality will be discussed during the first session with the child/adolescent in the presence of their parent/caregiver to ensure complete understanding and agreement prior to the initiation of counseling.

By your signature below, you are indicating that you read and understood this consent form or that any questions you had about this consent form were answered to your satisfaction.

I/we consent that my adolescent/child under the age of 18,
_____ (name of child) may be
treated as a client by Valiant Path Counseling. This form is in effect
until _____ (date) or until 12 months after the
consent was
given. Consent can be revoked at any time.

I affirm that I am the legal guardian of (name of child/adolescent)

Date of Birth

(child/adolescent)_____.

Parent or Guardian's name (please print)

Parent or Guardian's Signature

Date:_____

Parent or Guardian's name (please print)

Parent or Guardian's Signature

Date:_____