



CONSENT FOR PRELIMINARY EVALUATION AND/OR BIOPSYCHOSOCIAL EVALUATION OF A MINOR

We/I, _____, the undersigned parent(s) and/or guardians of a minor child _____, give Counselor Care, LLC full and unconditional authority to proceed with a preliminary clinical evaluation and/or biopsychosocial evaluation, or other assessments as your professional judgment indicates, to determine eligibility for services, and/or level of care needs. This consent will only provide authorization to the clinician to perform preliminary clinical evaluations and/or biopsychosocial assessment of the above mentioned minor child. This consent is not a formal consent for long-term psychological and/or mental health treatment.

This consent is given by me/us as parents and/or guardian(s) of said child. We/I attest to having legal power over consent to medical, psychological, and mental health assessments and treatment of said minor child. It is clearly understood that Counselor Care, LLC and any representative of the company, are hereby fully released from any claims or demands that might arise or be incident to the evaluation and/or service(s) provided, as duties are performed within ethical and professional standards of care and responsibility. As applicable, all statutes outlined in Florida Statutes, Section 394, 397, 402 are adhered to as part of the evaluation process.

I have read and understood the information contained in the Consent for Preliminary Evaluation and/or BioPsychosocial Evaluation of a Minor and agree to its terms.

Signed this day _____

_ Mother or Legal Guardian
(Signature)

Father or Legal Guardian
(Signature)

_ Print Name

Print Name