**Power of Hope Counseling, LLC**

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**MINOR CONSENT FORM**

**PARENTS & MINORS**

Parental involvement is essential when working with children. I do not provide treatment to a child 14 and under unless s/he agrees that I can share information I deem necessary with a parent. For children 15 and older, I request an agreement between the client and the parents allowing me to share general information about treatment progress. All other communication will require the child’s agreement, unless it is deemed to be a safety concern. (Note the section on Confidentiality for exceptions.) In the case of divorce, this authorization must be signed by both parents or the court document must be provided to me showing that one parent has sole custody.

In most cases the holder of the privilege is the parent, yet legally and ethically minors like adults are entitled to confidential communication with their therapist. While confidentiality is an important element of therapy, I will be sensitive to your concerns as a parent. I will make every effort to provide you with information regarding your child’s progress without breaching your child’s confidence. I can also provide you with parenting strategies specific to your child.

Name of minor child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**CONSENT TO PSYCHOTHERAPY**

Your signature indicates that you have read this Minor Consent Form and grant permission for Power of Hope Counseling, LLC to conduct therapy with the minor child listed on this form and that you accept financial responsibility for said minor child:

Client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s date \_\_\_\_\_\_\_\_\_\_\_

Relationship to client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s date \_\_\_\_\_\_\_\_\_\_\_

Relationship to client \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_