

## Consent For Treatment Of Minor(s) & Others

I \_\_\_\_\_ give my consent that \_\_\_\_\_ (therapist)  
 will be conducting psychotherapy with \_\_\_\_\_ (minor client).

My relationship to the client (parent, uncle, etc.): \_\_\_\_\_

I was notified that the holder of the privilege is (parent, guardian, etc.) \_\_\_\_\_.

I was also notified that all material discussed during the psychotherapy sessions 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 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 client's wellbeing.

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date