



REFORMING LIVES ONE MIND AT A TIME

DR. YOLANDA N. WHITE SCHOOL PSYCHOLOGIST

CONSENT FORM FOR PSYCHOLOGICAL SERVICES (CHILD OR ADOLESCENT)

Dear Client,

Thank you for reaching me and for your interest in pursuing child/adolescent psychological services with Pure Mind Assessments & Consulting, LLC. I know it is hard to reach out to start therapy and open your family up to a mental health professional. Your signature is requested on the last page. This is a contract between us to embark on a therapeutic relationship together. It is encouraged to have any older child involved in this therapy to review their patient rights and sign as well, at the discretion of the adult. Please reach me at any time via email or phone with questions or concerns. In anticipation of our work together, I am grateful to you, and I applaud your actions towards bettering yourself, and myself in turn.

Sincerely,

Dr. Yolanda N. White

Dr. Yolanda N. White

I, _____ hereby consent to psychological services for _____ provided by Dr. Yolanda N. White, a licensed school psychologist at Pure Mind Assessments & Consulting, LLC. I understand that psychological services involve a professional relationship between my child/adolescent and the psychologist and that the purpose of psychological services is to help my child/adolescent address emotional, behavioral, and/or developmental concerns, and to promote their well-being.

I understand that psychological services may involve discussing sensitive and personal issues, and that the psychologist will maintain strict confidentiality in accordance with professional ethical standards and applicable laws, unless there is an immediate threat of harm to my child/adolescent or others, or as otherwise required by law. In such cases, the psychologist may need to disclose information to appropriate authorities.

I understand that psychological services are voluntary and that my child/adolescent has the right to terminate psychological services at any time. I understand that my child/adolescent may be referred to other professionals or resources if the psychologist determines that their needs are beyond the scope of the psychologist's expertise or the psychology center's resources.

I understand that psychological services may involve risks, including possible emotional discomfort or stress, and that no guarantees have been made to me regarding the outcome of psychological services. I understand that the psychologist may recommend certain strategies or techniques, but that it is ultimately my responsibility to determine the appropriateness of any advice or information provided.

I understand that I will be responsible for paying any fees associated with psychological services, and that I am responsible for scheduling and attending all appointments in a timely manner.

I acknowledge that I have read and understand the information provided in this consent form, and that I have had an opportunity to ask any questions that I may have. By signing below, I consent to psychological services for _____ provided by Dr. Yolanda N. White at Pure Mind Assessments & Consulting, LLC

(Parent/Guardian Name - Printed)

(Parent/Guardian Signature)

(Date)