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THERAPY TREATMENT PLAN CONSENT

(CHILD/YOUNG PERSON)

I, _____, parent/guardian give permission to the therapist to provide mental health therapy to my child for the projected amount, frequency, scope, and duration of the services and goals listed. I understand that I will be available to support my child's treatment process, and this may include my participation in therapy with my child. This consent expires upon fulfillment of the above-stated goals or six months after the signature date, whichever comes first. The treatment goal will be updated based on changes in my child's functioning. Therefore, by signing below, I consent that I participated in the development of the treatment plan as outlined in the electronic health record and will receive a copy of that document. I also acknowledged the criteria for the process of discharge from therapy. Since my treatment plan is a working document, I understand that I can change or revise the treatment plan anytime I choose.

Print: _____

Child/Young Person Name

Signed: _____ Date: _____

Parent/Guardian Signature

Signed: _____ Date: _____

Therapist Signature