

# Finding Freedom Now, LLC

**Angela Brettschneider, LCSW**  
404.354.1412

## CONSENT FOR TREATMENT OF A MINOR

I, \_\_\_\_\_ (Parent/Guardian), give Finding Freedom Now, LLC and Angela Brettschneider LCSW, permission to provide treatment for \_\_\_\_\_.

## CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_ (Parent/Guardian), and \_\_\_\_\_ (Child) understand limits to confidentiality and have been provided with a copy of this statement.

**For the Parent/Guardian:** The right to confidentiality is maintained with two exceptions:

1. The professional has reason to believe that you will harm yourself. 2. The professional has reason to believe that you will harm others, including your child.

**For the Child:** The right to confidentiality is maintained with three exceptions:

1. The professional has reason to believe that you will harm yourself.
2. The professional has reason to believe that you will harm others.
3. The professional has reason to believe that someone or something is harming you, including your parents.

**Additional Disclosures at the Parent's Request:**

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\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child