

Life Spring Counseling Center

Consent to Treatment for a Minor

I, _____, give my consent for
(parent/legal guardian)

_____, to receive
(minor child)

counseling/psychotherapy from _____,
(therapist)
a therapist with Life Spring Counseling Center.

I agree to abide with the laws of confidentiality and to respect the therapist/client relationship the therapist may develop with my child. I have also been advised by the therapist as to the potential risks, as well as the benefits, typically associated with the counseling process. I give my full consent and cooperation to this approach and agree to hold Life Spring Counseling Center harmless, except regarding reasonable and customary care.

Print name of parent/guardian

date

Signature of parent/guardian

date

Print name of therapist of record

date

Signature of therapist

date

ATTENTION PARENTS/LEGAL GUARDIANS:

In some cases in which custody of the minor child is an issue, the custodial parent may be required to present a copy of the custody order which will become a part of this permanent file.