

Consent to Counsel A Minor

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, legal Parent or Guardian of the Minor Child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Counselor at A Father’s Heart to meet with the Minor Child for counseling, whether I am present in each session or not. I understand that the Counselor must assert confidential privilege – the right to withhold disclosure of private counseling information about the Minor Child. However, in the interest of developing a trust relationship between the Counselor and the Minor Child, I give the Counselor permission to reveal or withhold information that in the clinical judgment of the Counselor is necessary to best help and protect the Minor Child and further treatment goals. You may be asked to provide a copy of the court order which names you the legal custodian of the above child(ren) if applicable.

Parent / Guardian Signature Date

Counselor Signature Date