

# Hope Counseling Center

## Consent to Treat a Minor

I \_\_\_\_\_, give my/our permission to \_\_\_\_\_ to  
(Parent/Guardian) (Counselor)

see my/our child \_\_\_\_\_ for counseling or assessment with or  
(name of minor child)

without me/us being present during sessions. I/we understand that I/we have the right to control the disclosure of private counseling information about my/our child.

However in the interest of resolving the issues I/we have brought to the counselor, I/we give the counselor permission to reveal or withhold information to/from me/us or others that in the counselor's judgment is necessary to best help and protect my/our children.

The only exception to this discretion would be in the case of

\_\_\_\_\_  
(parent/guardian should write "not applicable" in the previous space if appropriate)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date