



## Consent for treatment of a Minor

I, \_\_\_\_\_, attest that I am the  
[Please Print Your Name]

☐ Legal Custodial Parent (or) ☐ Legal Guardian of \_\_\_\_\_  
[Name of Minor Child]

and I give Life Christian Counseling Network and \_\_\_\_\_,  
[Name of Therapist]  
permission to provide treatment for the minor.

### Confidentiality Statement

We understand the limits to confidentiality and have been provided with a copy of this statement.

**For the Parent/Guardian:** The right of confidentiality is maintained with three exceptions:

1. The professional has reason to believe you will harm yourself.
2. The professional has reason to believe that you will harm others, including the minor.
3. The professional has reason to believe that someone or something is harming your minor child, including the parent(s) or guardian(s).

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

1. The professional has reason to believe you will harm yourself.
2. The professional has reason to believe you will harm others.
3. The professional has reason to believe that someone or something is harming you, including the parent(s) or guardian(s).

Additional Disclosures at Request of Parent or Guardian:

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☐ ***My signature below attests to the fact that I am the legal custodial parent of the minor to receive treatment.***

Sign: \_\_\_\_\_

Signature of Minor: \_\_\_\_\_

Signature of Therapist: \_\_\_\_\_

Date \_\_\_\_\_