

# ***ENCOURAGEMENT Christian Counseling & Coaching***

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*Anxious hearts are very heavy but a word of encouragement does wonders! Proverbs 12:25*  
**The Living Bible**

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## **Counseling/Coaching Minors**

I \_\_\_\_\_ (name of parent or guardian), give my permission to

\_\_\_\_\_ (name of counselor/coach)

to see my son or daughter

\_\_\_\_\_ (name of minor child)

for counseling/coaching with or without my being present during sessions.

I/we understand that we have the right to control the disclosure of private counseling/coaching information about my child.

However, in the interest of resolving the issues I/we have brought to the counselor/coach,

I/we give the counselor/coach permission to reveal or withhold information to/from us or others that in the counselor's/coach's judgment is necessary to best help and protect my/our children.

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

\_\_\_\_\_  
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\_\_\_\_\_. (Client should write "not applicable" in the previous space if appropriate.)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

