

## Consent to Treat a Minor Contract

**Minors and Confidentiality:** Communications between a therapist and a minor client are confidential, with exceptions. Parent and guardians who provide authorization for the treatment of their minor children (under the age of 18) are often involved in their treatment. Parents and guardians are informed of the general progress of treatment and information pertinent to the well being of their child. The therapist exercises professional judgment in the disclosure of information to protect the rights of the parents and guardians, the child's well being and the therapeutic relationship.

I, (parent or legal guardian) Print: \_\_\_\_\_ ,

the parent or legal guardian of \_\_\_\_\_ give my

permission for Debra Melmon, LMFT to participate in a therapeutic relationship

with above child.

Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

This contact shall be in effect for a period up to one year, to

Date: \_\_\_\_\_

Counselors Signature \_\_\_\_\_

## Personal Information for Children

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

What brought you to counseling today?

What goals do you have for your counseling?

Have you received counseling in the past? If so, what was helpful and what did not work well for you?

What are your special interests?

What would you like me to know about you before we begin?