



MONARCH COUNSELING

Consent For Treatment of Minor(s) & Others

I _____ give consent that Monarch Counseling will be
(name of parent / guardian)

conducting psychotherapy with _____
(name of client)

My relationship to the client (parent, uncle, etc.): _____

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the client's guardian. I have been informed of the limitation to confidentiality in the Office Policies form, which I have read and signed.

In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept therapist's judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's well-being.

Printed Name

Relationship

Signature

Date

Printed Name

Relationship

Signature

Date