



## Consent to Treat a Minor

It is important to note that you, \_\_\_\_\_, are the client and not your parent or guardian. That means your therapist will respect your privacy and keep information shared in session as confidential.

**However, if your therapist feels there is an issue that may relate to your safety, they may need to discuss that issue with your parent/guardian.**

*This is in addition to and potentially outside of the issues already listed in the general **Consent for Services** form.*

There are also times when it is helpful to involve parents/guardians in various ways. This may include things like updates or discussion before or after our session, joint sessions where we all meet together, or phone calls. We will all discuss this together if any of these seem beneficial.

**In most circumstances, it is not our practice to keep phone calls or other communication from parents/guardians secret from clients.**

If your parent/guardian raises concerns outside of our meeting together, your therapist will discuss with them the best way to address this with you. We encourage keeping communication as open as possible.

As noted in the section of the Consent for Services, *Medical Records and Your Right to Review Them*, your therapist keeps notes about your sessions together. In some circumstances, you have the right to determine whether or not your parents/guardians may view these records.

If there is a request to release or view any of your records your therapist will discuss this further with yourself and your parent/guardian to determine the appropriate action.

*Please sign on the following page.*



The below legally responsible parent(s) or guardian(s) authorize The Place Within to provide psychotherapy to the minor below.

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Client Signature

Date

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Parent/Guardian Signature (if applicable)

Date

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Therapist Signature

Date