



Slater & Associates, LLC

Permission to Render Services to a Minor

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth

- I give permission for my child, listed above, to receive individual or family counseling. I affirm that I am the custodial parent or legal guardian of the above-mentioned minor.
- I give permission for Slater & Associates, LLC to perform classroom observations and gather behavioral data from teachers, parents, or other caregivers.
- I understand that I can withdraw my permission for testing or counseling at any time, and that any information received by Slater & Associates, LLC during the course of counseling will remain confidential, under the limits of the law, without my or my child's expressed permission.
- Although the law may provide for my inspection of treatment records, I understand that Slater & Associates, LLC will only provide me with general information about my child's therapy unless it is believed that my child will seriously harm themselves or another person or has been the victim of abuse. I understand that insisting on reviewing disclosures my child has made in the course of therapy may seriously undermine the trust established between the therapist and my child, and, may negatively impact my parenting relationship.
- I agree to refrain from asking my child probing questions regarding the information they have revealed to my therapist in private sessions and to allow for their natural disclosure of information they may wish to share outside of sessions.
- I agree to facilitate regular therapy appointments for my child, as they are recommended by my child's therapist. Although I have the right to terminate counseling for my child at any time, I agree that it is in the best interest of my child to attend a termination appointment with the therapist to provide my child with a sense of closure regarding his/her treatment.

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

Signature of Mother or Legal Guardian

Date

Signature of Father or Legal Guardian

Date