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### Consent for Treatment for Minor(s) and Others

I, \_\_\_\_\_ give my consent that Peaces 'n PuzSouls and it's therapists, will be conducting psychotherapy with a minor named \_\_\_\_\_.

My relationship to the client/patient is: \_\_\_\_\_.

I was notified that the holder of the privilege to consent for treatment and consent for payment is the parent/legal guardian of the named above client/patient \_\_\_\_\_ (initial here).

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of privilege. I have been informed of the limitation to confidentiality in the Peaces 'n PuzSouls Business Statement/Agreement for Psychotherapy Services, which I have read and signed.

In case of a minor, special sensitivity may be required in releasing information about certain topics such as drug usage, sexual information unless harmful to the minor.

I will accept the therapist's judgment and interpretation in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the patient's well being.

\_\_\_\_\_  
Printed Name Relationship Signature Date

\_\_\_\_\_  
Printed Name Relationship Signature Date