

Consent to Treat a Minor



I/We, _____, custodial parent(s)/legal guardian(s) of _____, age _____, authorize Jennifer Vezdos, LPC, to assess and treat my child in an outpatient counseling setting. I/We agree to take part in the counseling process as needed, and understand the format of counseling may include any combination of the following: individual sessions with minor child, family sessions, and sessions with the parent(s)/guardian(s). I/We also understand that unless blocked by a court order, both parents shall have access to any and all of the child's records, under most circumstances, and that anything either parent says in a session will be available to the other parent unless that parent is also set up as a client, in which case that parent's information will not be available to the other parent without a release signed by the parent who is a client. In family therapy all members of the family will be considered clients and must sign the appropriate client forms.

Parent/Guardian Signature

Date

Relationship

Second Parent/Guardian Signature

Date

Relationship