Source For Change Counseling
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Consent to Treat a Child/Adolescent

Part I: In order to treat a child (under 18 years of Age), I must have the written consent of the child's Parent(s) or legal guardian(s). Please indicate your consent for me to treat your child by signing the following statement:

I, _____, state that I have the legal right to authorize

Dana S. Smallwood LCSW, PIP to provide mental health services to_____

D.O.B._____ and do herewith authorize said services.

Signature_____ Date_____

Signature_____ Date_____

Part II: As a rule, parents or legal guardians have a right to complete access to all information concerning the child/adolescent involved in therapy. However, it is my experience that in order for many children and/or adolescents to feel comfortable in therapy, it is beneficial to offer them the opportunity to talk with the therapist and to know what they tell the therapist will not get back to their parents (except in cases of imminent danger to the client or others, or where the therapist considers the information to be so serious that the parents' ultimate responsibility for the client's welfare dictates the parents be informed.)

I ask that you consider this issue in the therapy process with your child. If you are willing to agree to this informal waiver of your right to full disclosure, I ask that you do the following:

a. Indicate your agreement by signing the form below, and

b. Tell your child that you have agreed to allow him/her to talk with me, respecting the need for confidentiality, and that you will not insist that I relate all that your child tells me back to you.

Signature_____Date_____

Signature_____Date_____