America's Family Counseling Center
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PARENTAL CONSENT FOR TREATMENT OF A MINOR

Please complete the following information for clients under the age of 18.

Client's Name: _____ DOB: _____

Legal Parent/Guardian _____

Legal Parent/Guardian _____

Relationship Status: Married Never Married Divorced Separated

Does the child live with you? _____ yes _____ no

Do you have shared custody? _____ yes _____ no

Check One: Minor Child's Treatment may be shared with non-custodial Parent (if not specified otherwise in a court order). _____ Yes _____ No

If yes, Non-Custodial Parent Name:

_____

Please note, therapist at AFCC will not initiate the initial contact with the non-custodial parent. This is simply your consent to speak to him/her in the event they contact us.

Clients under 18 who are not legally emancipated and their parents should be aware that the law allows parents to examine the child's treatment records unless the therapy is for suicide prevention; chemical addiction; sexual, physical or emotional abuse; or as otherwise provided by law. If release of records to parents is judged to be detrimental to the child, we may withhold records. For adolescents between 14 and 18, therapy works best if parents agree to give up their access to the child's complete record. Regardless, we will provide parents with an overview of information about progress and attendance.

Complete if the child is between the age of 14 – 18 years old:

_____ At this time *I agree* to give up access to the child's complete record. AFCC agrees to provide an in depth overview regarding the progress and attendance of therapy.

_____ At this time *I do not agree* to give up access to the child's complete record.

Obviously in situations where children are a risk to themselves or to others, their parents will be notified immediately. We try to discuss disclosures of sensitive information to parents with the child before they occur.

It is recommended that the parent attends a session at regular intervals during treatment of a minor. You and your child's therapist can discuss this schedule at the initial meeting.

Do you have any questions or concerns at this time?

I am the legal parent/guardian of (client's name) _____

and I consent to treatment for behavioral and mental health services at America's Family Counseling Center.

Check One:

_____ I am _____ I am <u>not</u> currently involved in a child custody hearing for the above mentioned minor. If yes, please provide a brief explanation:

Signature _____ Date _____
(*Legal parent/guardian)*

Signature _____ Date _____
(*Legal parent/guardian)*