

**4614 California Street San Francisco, CA 94118
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CONSENT FOR TREATMENT OF MINOR

MINOR'S NAME:

_____ (Please print)

_____ Date of birth

I/ WE hereby give consent for my/our child listed above to participate in assessment and psychotherapy services with _____. Therapist generally requires the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of parent/guardian to give consent for psychotherapy, Therapist will require that parent/guardian submit supporting legal documentation, such as a custody order, prior to the commencement of services.

Parent/Guardian should be aware that Therapist is not a conduit of information from Patient. Psychotherapy can only be effective if there is a trusting and confidential relationship between Therapist and Patient. Although parent/guardian can expect to be kept up to date as to Patient's progress in therapy, he/she will typically not be privy to detailed discussions between Therapist and Patient. However, parent/guardian can expect to be informed in the event of any serious concerns Therapist might have regarding the safety or well-being of Patient, including suicidality.

Treatment of a minor without parental consent is allowed by law (Civil Code 25.9) if:

- The minor is 12 years of age or older, and the minor is mature enough to participate intelligently in outpatient mental health treatment or counseling, and the minor has been the alleged victim of incest or child abuse, or without such mental health treatment or counseling the minor would present a danger of serious physical or mental harm to himself/herself or others.

I/We understand that I/we have the right to be informed about the goals, progress and methods of psychotherapy, and that I/We may cancel the consent in writing at any time.

CONFIDENTIALITY

This is to advise you of your legal rights to privacy and confidentiality while your child is a client participating in psychotherapy. Federal and State laws require that any information about your child’s case may not be released without your specific written authorization, except in the following situations:

- If I am ordered by the court to testify or release records.
- If I have a reasonable suspicion that child abuse, elder abuse, or dependent adult abuse is occurring (or that past abuse was not reported), I am required by law to report this to Child Protective Services, Adult Protective Services or other appropriate authorities.
- If you threaten harm to yourself, someone else or the property of others, I may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the threaten harm.

PLEASE READ AND INTITAL THE FOLLOWING:

_____ I authorize the release of any medical or other information necessary to process this claim for insurance billing.

_____ I have received a copy of the Disclosure Statement. I acknowledge that I have read and understood the content and I will discuss with my psychotherapist if I have any questions or concerns regarding the content in the Disclosure Statement.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date