



Consent for Counseling Services for a Minor

Child's Name: _____ Age: _____

I have voluntarily agreed to counseling services for my child through Patti's Place. The counselor, _____ has explained to me the following conditions of services:

Participation and Involvement

1. I understand that there are no guarantees my child will experience improvement in emotional well-being.
2. Counseling may be a painful process and I acknowledge the risks associated with addressing emotional issues.

Termination of Services

3. I may terminate services at any time by notifying in writing, in person, or by telephone a staff member of Patti's Place.
4. I understand that if, in the counselor's professional opinion the counseling services provided are no longer the most effective treatment for my child's emotional or other issues that may arise over the course of counseling, my child will be discharged from the Patti's Place services and offered other referrals if indicated.

Confidentiality

5. I understand that all of my child's records and all information about my counseling with Patti's Place will be confidential unless I sign a **Release of Information** authorizing others outside Patti's Place staff to be apprised.
6. Confidentiality is waived if at any time, in the professional opinion of the counselor, my child poses a danger to self, or has been abused. I understand that the counselor is legally obligated to report abuse or neglect, risk of homicide, suicide, or other potential harm to another person or my child.

Signature: _____

Date: _____ -