**MINOR CONSENT/LIMITS OF PRIVACY**

Clients Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for my minor child to be interviewed for purposes of assessment as well as treated for individual therapy.

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Signature Date

**Limits of Privacy when treating individuals under 18 are listed below:**

**(All references to parents include legal guardian in absence of parent)**

* The therapist will maintain a record that contains dates of evaluation, therapy and treatment, goals, diagnoses and recommendations.
* The parents of a client under the age of 18, have the right to read their child’s record, which includes information generated by the therapist.
* The therapist will inform parents if the child is in immediate danger to self or others.
* The therapist will communicate to the parent a summary of evaluation as needed or requested.
* The therapist requests that parents respect their child’s privacy during assessment and therapy treatment.
* The therapist can refuse to give information to the parents about their child, if the therapist predicts that disclosing such information could be harmful to the child.