



PAUL WEISEMANN PROFESSIONAL CHRISTIAN COUNSELING

CONSENT TO TREAT A MINOR

(Both custodial parents must complete form)

I _____, give my permission to _____ to
(Parent/Guardian) (Counselor)

see my child _____ for counseling or assessment, with or
(name of minor child)

without my presence during sessions (initial_____). I understand that I have the right to control the disclosure of private counseling information about my child. However, in the interest of resolving the issues we have brought to the counselor, I give the counselor permission to reveal to or withhold from me or others information that, in the counselor’s judgment, is necessary to best help and protect my child (initial_____). Beyond my signing an *Authorization for Release of Protected Health Information*, the only exception to this would be in the case of:

(parent/guardian should write “not applicable” in the previous space if appropriate)

My signature below asserts and confirms my legal authority to sign on behalf of the minor.

Parent/Guardian

Date

Therapist/Witness

Date

Paul Weisemann, M.A., LMHC #4131