

Consent For Treatment of Child

Confidentiality

The role of the therapist is to protect the child's or adolescent's right to privacy, while at the same time respecting the parent's or guardian's right to information. This is a delicate balance that can be challenging at times. We encourage the child or adolescent to share with their parent or guardian what they are working through in therapy as they feel comfortable. At times, the parent/guardian may come in during the last few minutes of the session for the therapist to provide general themes, ideas and recommendations. Specific details would not be provided unless the child/adolescent provides consent. In the event that there are concerns regarding the child's/adolescent's safety or well-being, the therapist will provide this information with the parent/guardian.

Revoking Consent

Both you and your child/adolescent can choose to end the counseling relationship at any time without any penalty.

Acknowledgement & Consent:

By your signature below, you are indicating that you have read and understand this consent form. You are also confirming that any questions you had about this consent were answered thoroughly to your satisfaction.

Consent for Treatment of Minors: I/we consent that my adolescent/child under the age of 18,
_____ (name of child) may be treated as a client by Stoney Creek
Counseling. This form is in effect until _____ (date) or until 12 months after the consent
was given. Consent can be revoked at any time.

I affirm that I am the legal guardian of (name of child/adolescent) _____

Date of Birth (child/adolescent) _____

Parent or Guardian's name (please print) _____

Parent or Guardian's Signature _____ Date: _____

Parent or Guardian's name (please print) _____

Parent or Guardian's Signature _____ Date: _____