



## Informed Consent for Treatment of a Minor

I / We \_\_\_\_\_ / \_\_\_\_\_, give consent to:  
[print parent(s) name]

\_\_\_\_\_, \_\_\_\_\_, a treatment provider at Rawers  
(Therapist's name) (Lic. #)

Therapy, to conduct psychotherapy with:

Minor Child's Printed Name: \_\_\_\_\_

My/Our relationship to the Minor is: \_\_\_\_\_

I / We was notified that the holder of privilege is: The minor named above

I / We also received notification that all materials discussed during psychological sessions are confidential and can be released only with the permission of the holder of privilege, or as mandated by law (see Office Policies).

In case of a minor, special sensitivity may be required in releasing information about drugs or sex. I / We agree to accept to judgment of the above named treatment provider in regard to the releasing or sharing of information obtained during the psychotherapeutic process that may endanger or jeopardize the minor's well being.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date