



CONSENT TO TREAT A MINOR (ADOLESCENT OR CHILD)

Part I.

In order for me to treat a minor child (under 18 years of age), I must have written consent of the child's legal guardian(s) or parent(s). Please indicate your consent for me to treat your child by signing the following statement:

I, _____ (guardian/parent printed name), state that I have the legal right to authorize Janette Cordero, LCSW-S to provide mental health services to _____ (printed name of minor), whose date of birth is _____ and do herewith authorize said services.

_____ Guardian/Parent Printed Name _____ Date

_____ Guardian/Parent Signature

WAIVER OF RIGHT TO FULL DISCLOSURE

Part II.

As a rule, legal guardians and parents have a right to complete access of all information concerning the adolescent or child involved in therapy. However, experience suggests that in order for most child and/or adolescent clients to feel comfortable in therapy, it is beneficial to offer them the opportunity to talk with the therapist and to know that what they tell the therapist will not get back to their parents (except in cases of imminent danger to the client or others, or where the therapist considers the information to be so serious that the parents' ultimate responsibility for the child's welfare dictates that the parents be informed). If you are willing to agree to this express waiver of your right to full disclosure, I ask that you do the following: a) indicate your agreement by signing below, and b) explicitly agree with me in the presence of your child that you will allow him/her to talk with me in the spirit of privacy, and that you will allow us to keep our discussions confidential and not insist that I relate all that your child tells me back to you.

_____ Guardian/Parent Printed Name _____ Date

_____ Guardian/Parent Signature