

Healing Heart Center

CONSENT FOR TREATMENT FOR MINOR/S

I _____ give my consent that **Sage de Beixedon Breslin, PhD**, will be conducting psychotherapy with _____.

My relationship to the client is (parent, uncle, etc.): _____

I confirm that _____'s custody is _____%, and that while either parent may take him/her for medical treatment or intervention, I state my explicit consent for _____ to receive such treatment.

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Office Policies form, which I have read and signed.

In case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept Dr. Breslin's judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the patient's well being.

_____ Name (print)	_____ Relationship	_____ Signature	_____ Date
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