

Healing Heart Center

CONSENT FOR TREATMENT FOR MINOR/S

I _____ give my consent that _____ (HHC Clinician), 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 the Healing Heart Center clinician'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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_____ Name (print)	_____ Relationship	_____ Signature	_____ Date
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_____ Name (print)	_____ Relationship	_____ Signature	_____ Date
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