



CONSENT FOR COUNSELING A MINOR

For under 18 years of age

The following statements provide your legal consent to, and financial responsibility for, the counseling services to a minor. These statements are important to protect the child, the parent/guardian/conservator, and the counselor. Please carefully review this information and sign where indicated.

DUTY TO WARN NOTICE:

Healing Minds Behavioral Health is committed to confidentiality and privileged communication with all clients. There are however, several exceptions. According to Texas law, any evidence of any type of child abuse must be reported to authorities. If any individual intends to take harmful, dangerous, or criminal action against another individual, or against himself/herself, it may be the counselor’s duty to report such action or intent.

I acknowledge that I have read the above Duty to Warn Notice and understand the counselor’s responsibility to take action where necessary.

Mother’s/Legal Custodian’s Signature _____ Date _____

Father’s/Legal Custodian’s Signature _____ Date _____

CHILDREN OF DIVORCE:

It is required by the Texas State Licensing Board that LPC’s keep a copy of the most current divorce decree on file in our office, **specifically stating who has the legal authority to provide consent for psychological treatment for the minor and/or access records.** It will be necessary to provide this to the counselor BEFORE your child’s first session as we must have signed informed consent form ALL corresponding parties BEFORE providing services. This document, along with all other information, will be kept confidentially within our electronic records management system.

However, we understand that sometimes both parents have the “Independent” right, meaning that either conservator can exercise the right without any input from the other conservator. In such case, we are not legally required to seek consent from the other party, though it is our preference.

If you have a court document stating you have the “Exclusive” right, it will not be necessary for us to receive consent from the other party as only you can exercise that right by yourself, without any input from any other conservator of your child, and the other conservator cannot exercise that right at all.

We have a strong passion in working with children of all ages. The research tells us that the children will do best with the involvement of BOTH parents. While we understand there may be some unique circumstances, it is our desire to, at a minimum, make BOTH parents aware that their child will be receiving therapeutic services from Healing Minds Behavioral Health. We are willing to make extended efforts to contact parents who may be immediately available. This is a best practice policy to involve both parents and we will enforce it to the furthest extent possible.



FAMILIES IN CONFLICT:

When a counselor begins a therapeutic relationship with a child, it is rarely in the best interest of the child to have that counselor engage in any court proceedings (child custody matters) offering testimony or other sought after information tied to your family’s conflict. Nor is it the role of the counselor to mediate in any way for families in conflict. If the situation arises, you may be referred to a forensic specialist that can assist you and your family in this matter. It is ideal to establish prior to the first session that both parents are in favor of the child receiving counseling services and will not take action that would result in the child’s counselor being called into any future court proceedings. Please provide the name and contact information for both parties so that both are made aware of counseling services prior to meeting the child. It is our policy that BOTH parents be made aware of the child receiving therapeutic services, if/when possible.

Name of Mother

Mother’s phone number

Name of Father

Father’s phone number

Statement of responsibility and grant of permission for counseling:

I am the _____Parent _____ Legal Guardian _____Managing Conservator -of-

Name of Minor

DOB

I am legally responsible for the child named above and grant permission for Healing Minds Behavioral Health to conduct counseling with this child. Upon request, I will provide any necessary documentation such as divorce decrees, court orders, temporary orders, restraining orders, etc. I understand if I fail to disclose any legal proceedings or orders prior to and during counseling, my child’s counseling services may be terminated.

I accept responsibility for the timely payment of all fees due to Healing Minds Behavioral Health for services provided to this child. I also accept full responsibility of payment to Healing Minds Behavioral Health and their counselor for any court related requests, subpoenas, and costs whether or not I initiate any court proceedings. I understand these costs are detailed in the Informed Consent and Counseling Agreement.

I understand that it is not in my child’s best interest to involve their therapist in court proceedings, including child custody matters, since the primary role of the therapist is to support my child in therapeutically processing emotions. I also understand that therapists are not expert witnesses nor are they trained to testify in court proceedings. I also understand I may be referred to a forensic specialist or other professionals to assist in any court related matters regarding the minor client named above. I understand that my signature below indicates my consent for my child to receive therapeutic counseling services from Healing Minds Behavioral Health and my agreement to the above statements.

Mother’s/Legal Custodian’s Signature

Date

Father’s/Legal Custodian’s Signature

Date