

Keri Lawrence MA, LPC
The Mustard Seed
682-429-6884

Consent to Psychological Treatment of A Minor Child

I do hereby seek and consent for my child, (insert child's name) _____, birthdate _____ to take part in the assessment and treatment provided by Keri Lawrence MA, LPC. I understand that developing a treatment plan with this psychotherapist for my child and regularly reviewing the work toward meeting the treatment goals are in my best interest and those of my child. I agree to play an active role in this process, as agreed upon by Keri Lawrence MA, LPC and my child. It is my understanding that parent consultations are a part of my child's treatment and will include summarized progress of my child's treatment goals.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this psychotherapist.

I am aware that I may stop my child's treatment with this psychotherapist at any time. The only thing I will still be responsible for is paying for the services that my child has already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. I understand that my child's problems that lead me to seek services may get worse if I stop treatment prematurely.

I know that I must call to cancel an appointment at least 24 hours before the time of my child's appointment. If I do not cancel or do not show up, I will be charged for that appointment.

Confidentiality during my child's session: Discussions between a therapist and a client are confidential, even if that client is minor. No information will be released without the client's written consent unless mandated by law. It is the goal of the therapist to protect the confidentiality of your records; however, there are exceptions to confidentiality when limited according to legal requirements or specific consent. Exceptions to Confidentiality- Exceptions to confidentiality are prescribed by the Licensing board in the State of Texas and include but are not limited to the following situations: abuse or neglect of minors or the elderly; a therapist's duty to warn due to threat of suicide, plans to take one's own life and/or imminent danger to the client, therapist or another person; a subpoena or court order; fee disputes between the therapist and the client; or the filing of a complaint with the licensing board. If this therapist comes to believe that your child may be harming themselves to a point that may become fatal, a discussion with the minor will dictate whether the client informs the parent/guardian, or whether the counselor creates this breach.

My signature below shows that I understand and agree with all these statements and that I am the legal guardian of this child and legally able to consent for treatment.

Signature of patient's parent/legal guardian

Date

Printed name Relationship to patient