



Envision Beyond Counseling

Minor Consent

The purpose of counseling or therapy is to assist in areas where you may need help. The reason you are here may be because you made the decision to ask for help or someone like your parents, doctors, teachers, or a caring individual was concerned and wanted to find a person you could talk with. It is important that you feel comfortable to discuss topics that can be difficult.

Our conversations will be kept private or confidential except for several instances where your safety is in jeopardy and by law, I am obligated to disclose this information to your parents/caregivers.

This includes situations where you:

Plan to hurt yourself and have the ability to carry out this plan soon. I will have to inform your parents/guardians and potentially the proper outlets (911 or EMS).

Plan to cause serious harm to another person and it is believed you have the means and intent to carry out this threat in the near future. In this instance, I will have to inform your parents/guardians, the proper authorities, and the person you plan on harming.

Tell me you are presently or previously have been abused sexually/physically/emotionally. In this instance, I am legally obligated to report this to Protective Services.

Involved in a court case that requires information about your counseling and therapy to be disclosed. If this happens to be the case I will do everything in my power that the law permits to protect confidentiality.

If I believe you are addicted to drugs or alcohol and/or tell me about dangerous behaviors where you are under the influence of drugs or alcohol while driving or were in a vehicle with someone else who was under the influence. In these instances, I will have to inform your parents/guardians of these matters.

Tell me you are having unprotected sex in unsafe situations. I cannot keep this to myself. However, if you tell me you are having protected sex with your boyfriend or girlfriend then I will not tell your parents/guardians.

In terms of speaking with school personnel, I require written permission from you and your parents/guardians. It is important to have this communication if possible so I can better work to resolve issues and assist in your progress. There may be times when school will contact me. I will ask for your permission unless I and/or your parents/guardians believe it is needed for me to stay in touch with the school.

In some cases, it will be important for me to stay in touch with your doctor to better collaborate on meeting your wellness needs and possibly prescribing medications. I will receive written permission from both you and your parents/guardians unless there is an incident where you are at risk of serious and immediate medical or physical harm.

Signing below acknowledges that you have reviewed the policies above related to confidentiality and the limitations. Please always feel free to ask any questions to your therapist at any time during therapy.

Client's Signature: _____ Date _____

Please review the information and statements and sign where indicated. Please always feel free to ask your therapist any questions at any time.

Client's Name: _____

Parent/Guardian Name: _____

Relationship to Client: _____

I understand that I am legally responsible for the minor's name above and grant permission for Envision Beyond Counseling to conduct therapy with this minor.

As parent/guardian I:

Will respect the privacy between therapist and minor and will be provided with periodic updates on general progress.

May be asked to participate in sessions on occasion.

Will be informed of situations that may endanger the minor based on the therapist's professional judgment in which the case may be discussed in consultation or with a supervisor in the field.

Accept responsibility for the timely payment of all fees provided to this minor.

Signature of Parent/Guardian: _____ Date _____

Signature of Therapist: _____ Date _____