

The Institute for Relational Change



Advancing Mental Health Care

www.InstituteforRelationalChange.org

1789 South Braddock Ave., Suite 350, Pittsburgh, PA 15218

Phone number: 412-212-8478

Consent to Treatment of Minors

The parent or legal guardian of each child who attends therapy sessions must complete this section. Some custody agreements require the signatures of both parents for treatment. Because of this, it is generally my policy to require the signature of both parents in any divorce/separation situation.

Confidentiality with Minors

The State of Pennsylvania provides significant confidentiality to minors seeking mental health treatment. In fact, minors over 14 years of age have many privacy rights similar to those of adults. My role as a therapist is to help minors learn to communicate openly and directly with their parents, and thus, I typically involve parents in the therapeutic process. That said, when children are making poor and dangerous decisions parents will be brought into the conversation as soon as possible, which in the case of many situations – such as suicidal ideation or attempts – is immediately.

I hereby consent to treatment of my child(ren) per the terms outlined in the above pages of this document:

Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____

Parent / Guardian Name (please print)

Parent / Guardian Signature

Date

Parent / Guardian Name (please print)

Parent / Guardian Signature

Date