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Catalyst Counseling LLC

PERMISSION TO TREAT A MINOR

Directions: This form must be completed for each minor seen by a therapist. A minor is defined by the law of the state of Florida as a person under the age of 18 years.

I, _____, (name of parent or guardian) give my permission to

_____ (name of therapist), to see my son or daughter,

_____ (name of minor child), for therapeutic services with or without my being present during sessions. I/we understand that we have the right to control the disclosure of private behavioral health information about my child.

However, in the interest of resolving the issues, I/we have brought to the therapist, I/we give the therapist permission to reveal or withhold information to/from us or others that in the therapist's judgment is necessary to best help and protect my/our children.

The only exception to this discretion would be in the case of the following: _____

(Please write "not applicable" in the previous space if NO EXCEPTIONS.)

I verify that _____ has custody of this child and has the right to seek treatment for the minor named above.

Signature of Parent/Guardian

Date

Signature of Therapist

Date