

**Bridging Connections**  
**Consent for Treatment of Minor**

I/We (parent/guardian) \_\_\_\_\_ give  
my consent that (clinician) \_\_\_\_\_, will be conducting  
counseling with: \_\_\_\_\_, a minor.

My relationship to the minor is: \_\_\_\_\_

Legal custody of the minor belongs to: \_\_\_\_\_

I was notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the parent or guardian. I have been informed of the limitations to confidentiality in the Office Policies form, which I have read and signed.

In the case of a minor, special sensitivity may be required in releasing information about certain topics such as sexual activity and drug or alcohol use. I will accept the clinician's judgment in regard to releasing or sharing information obtained during the course of counseling with the minor that may endanger or jeopardize the client's wellbeing.

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date