

BELIEVING IN KIDS & FAMILIES
COUNSELING SERVICES

PARENTAL CONSENT FORM

I, _____, hereby give my consent for my child/teen, _____, (of whom I have legal

Child/Teen's Name

custody), to see a therapist at *Believing in Kids & Families* for counseling and assessment services.

Because *Believing in Kids & Families* is a private practice that is identified as a business that employs helping professionals, I understand that all therapists are mandated reporters. This means that if a therapist knows, has reason to believe, or suspects that my child/teen has homicidal (wanting to hurt others) or suicidal (wanting to hurt him/herself) intent, has been or is being currently physically abused, sexually abused, or neglected, I understand that this information must be reported by the therapist to Child Protection Services of the Department of Human Services in the county in which I reside.

I also understand that the specific content of sessions between my child/teen and his/ her therapist may be confidential between the two of them and that my child/teen has the right to request that information about his/her treatment not be shared with me. (However, all information concerning danger to my child/teen will be reported to me). I understand that my child/teen and his/her therapist will discuss how to provide general reports of my child/teen's progress to me, so that I am aware of what progress is occurring in therapy.

Signature of Legal Custodial Parent or Guardian

Date

Therapist/Witness

Date