



Additional Parental Consent for Children or Adolescents to be counseled by John Henry, MDiv, MA, LCMHC

If you are requesting services for a child or children as the guardian, the parent, or other legally entitled person it will be critical that the child trust the counselor. So with your understanding in advance, I will keep what your child says/does confidential. If I think it would be helpful or necessary to share a specific detail with you, I will first ask the child's permission to do so, or I shall encourage the child to tell you in session. It is important to the counseling process that he/she does not think the parent and the counselor are conspiring against him/her in any way. You have the right and responsibility to question the counseling process, to understand the nature of activities with the child, and to be informed of the child's progress. I am asking you to allow me to use my discretion as to what is appropriate disclosure. I shall review the child's progress in counseling with you, and I want to obtain feedback from you regarding your interactions with the child and observations of the child in various settings. In this way, we shall work as a team. I will value your consultations with me as well as your involvement. I will also discuss with you how you can participate effectively in the child's treatment and progress outside of counseling.

In divorce cases in which parents share joint custody, either parent has a right to the child's record and permission of both is helpful. Therefore, both are requested to read and sign one of these forms. As you look at the top of the following pages you will see that there is one labeled **Parent 1** and another set labeled **Parent 2**.

Client Rights:

Clients are also assured of confidentiality, which is a protected ethical right and a state law subject to legal limits. Cases may be discussed with my counseling supervisor in order to provide supervision and/or treatment options. At times I may seek outside professional consultation on the case without identification of the client in any way. There are some exceptions to confidentiality, which are addressed below.

The following are exceptions to confidentiality

- I AM REQUIRED BY LAW TO REPORT ANY INCIDENCE OF SUSPECTED CHILD ABUSE, NEGLECT, OR MOLESTATION IN ORDER TO PROTECT THE CHILD INVOLVED;
- In legal cases, we or our records may be subpoenaed by the court;
- Whenever obligated by law or a judge to share confidential information.
- Whenever there is a legal exception to confidentiality;
- Whenever you authorize us by signing a release of information, to notify relevant others, such as law enforcement authorities if I judge that a client has an intention to harm self or others.

SIGNATURE STATEMENT PARENT 1

The minor(s) named below are legally in my care and presented for counseling.

Full Name of Child 1: _____ Child's date of birth _____

Full Name of Child 2: _____ Child's date of birth _____

Full Name of Child 3: _____ Child's date of birth _____

Your name (Please Print) _____ Tel. _____

Address: _____

Your relationship to child(ren): Parent Step parent Guardian Grandparent Other _____

I hereby swear that I have the following legal custody (circle appropriate) Joint Sole None (Initial) _____

I hereby swear that I have a legal right to obtain treatment for the above-named child(ren):

(Please circle) Yes No (Initial) _____

I have read, understand, and agree to John Henry's Confidentiality statement and the informed consent/exceptions to confidentiality. (Initial) _____

I am aware of its content and policies and understand that a copy of this signed statement will be part of my confidential case record. (Initial) _____

I agree to abide by the terms / policies set forth in this document. (Initial) _____

I, (**Parent/Guardian** Print Name) _____, consent to have the above named minors receive counseling provided by John Henry.

Signature: _____ Date: _____
Signature of parent/guardian/ person with legal custody

Minor's consent:

Minor 1: I, (print name) _____, agree to be counseled by John Henry.

Signature: _____ Date: _____
Signature of **minor 1**

Minor 2: I, (print name) _____, agree to be counseled by John Henry

Signature: _____ Date: _____
Signature of **minor 2**

Minor 3: I, (print name) _____, agree to be counseled by John Henry

Signature: _____ Date: _____
Signature of **minor 3**

SIGNATURE STATEMENT PARENT 2 (Do not fill in if only 1 parent)

The minor(s) named below are legally in my care and presented for counseling.

Full Name of Child 1: _____ Child's date of birth _____

Full Name of Child 2: _____ Child's date of birth _____

Full Name of Child 3: _____ Child's date of birth _____

Your name (Please Print) _____ Tel. _____

Address: _____

Your relationship to child(ren): Parent Step parent Guardian Grandparent Other _____

I hereby swear that I have the following legal custody (circle appropriate) Joint Sole None (Initial) _____

I hereby swear that I have a legal right to obtain treatment for the above-named child(ren):

(Please circle) Yes No (Initial) _____

I have read, understand, and agree to John Henry's Confidentiality statement and the informed consent/exceptions to confidentiality. (Initial) _____

I am aware of its content and policies and understand that a copy of this signed statement will be part of my confidential case record. (Initial) _____

I agree to abide by the terms / policies set forth in this document. (Initial) _____

I, (**Parent/Guardian** Print Name) _____, consent to have the above named minors receive counseling provided by John Henry.

Signature: _____ Date: _____
Signature of parent/guardian/ person with legal custody

Minor's consent:

Minor 1: I, (print name) _____, agree to be counseled by John Henry.

Signature: _____ Date: _____
Signature of **minor 1**

Minor 2: I, (print name) _____, agree to be counseled by John Henry

Signature: _____ Date: _____
Signature of **minor 2**

Minor 3: I, (print name) _____, agree to be counseled by John Henry

Signature: _____ Date: _____
Signature of **minor 3**