



# Connected Counseling

## Consent to Treat a Minor

[www.connectedcounselingfullerton.com](http://www.connectedcounselingfullerton.com)

I verify that I, \_\_\_\_\_, have sole legal or joint custody of \_\_\_\_\_, according to the California State Law and the custody papers attest to this. I thereby give \_\_\_\_\_, a licensed therapist working at Connected Counseling permission to see my child for treatment. I understand that my child is entitled to a confidential relationship with his or her therapist. I also understand that, as the parent or guardian authorized to consent to treatment, I have the right to information, updates and the records of my child's treatment.

The older the child, the more confidentiality between the client and therapist is essential to the development of a trusting therapeutic relationship. By age 16, confidentiality is usually maintained as if it is between an adult and his or her therapist.

I understand my rights as the parent of this minor and have signed this paper without duress.

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Print Name

Date

Signature