



Consent to Treatment - Minor

I acknowledge that I have received, have read (or have had read to me), and understand the **“Therapist/Client Services Agreement”** and/or other information about the therapy I am considering. I have had all my questions answered fully. I also understand that my signature serves as an acknowledgement that I have been provided a written copy of the Notice of Privacy Practices for Protected Health Information (HIPAA) for my review. I further acknowledge that I have been provided with a copy of this same Notice of Privacy Practices for my records if I have made such a request.

I do hereby seek and consent to take part in the treatment for my minor child, **(Name of child)** _____, by Insight Counseling Center. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist. I am aware that I may stop my treatment with this therapist at any time, and if I do cease treatment, the only thing I will still be responsible for is paying for the services I have already received. However, I am also aware that an appropriate termination of therapy is in my child’s best interest.

I have discussed the professional fees with the therapist and have agreed upon the amount of \$_____ per session. I agree to bring this amount in the form of cash or credit to every session.

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel and do not show up, I may be charged for that appointment.

My signature below shows that I understand and agree with all of these statements, and acknowledges that I am allowed by law to seek psychological services for this minor child.

Signature of parent or guardian of minor child

Date

Printed name

Relationship to client

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative).

Signature of therapist

Date