

Elliant Counseling Services

Consent for Counseling Services to Minors

In order for minor children/adolescents to receive psychological services, it is necessary for the parent or legal guardian to grant permission for such services to occur.

Names and date of birth of child(ren) to receive psychological services:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name of person requesting services _____

Your relationship to child(ren): Parent Stepparent Guardian Grandparent Other

Are you a legal parent or custodian to the above-named child(ren)? Yes No

In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal custodian of the above children.

Are you willing to do so? Yes No

If the answer to any of the above questions is "No," counseling services cannot be provided to the above-named child(ren) until a copy of the court order which names you the legal custodian is provided to this office.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).

- Colorado state law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, unlawful sexual intercourse, neglect and emotional psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency.
- This treatment may also include referral to other appropriate State and County agencies for further counseling.

I, _____, consent to _____ (Therapist) of Elliant Counseling Services to provide psychological services to the child(ren) named above. These services may include (1) Clinical services; (2) Psychological Testing (3) Counseling/Psychotherapy; or other services.

Signature of Parent or legal Guardian

Date

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PARENTAL AGREEMENT FOR CONFIDENTIALITY OF ADOLESCENT SESSIONS

Dear Parent or Guardian,

A young person is more likely to disclose sensitive information to a counselor if he or she is provided with confidential services and has time alone with the counselor to discuss his or her issues. The most practical reason for clinicians to grant confidentiality to an adolescent client is to facilitate accurate and appropriate treatment.

Experienced clinicians recognize that candid and complete information can be gathered only by speaking with the adolescent client alone and by clarifying with whom the information will be shared. If an assurance of confidentiality is not extended, this may create an obstacle to the safe environment of the counseling relationship.

Some areas of teenage health that we may talk about during the appointment are:

- Diet, exercise, and body image
- Fighting, danger, and violence
- Sexuality and sexual behavior
- Safety and driving
- Smoking, drugs, and alcohol
- Working/Jobs
- Depression and stress
- Peer pressure and school
- Relationships
- Family life

I encourage teenagers to share information about their emotional and mental health with their parents or guardians. However, there will be some things that your teenage son or daughter would rather talk about exclusively with a counselor.

Work with an adolescent is generally more productive if parents voluntarily agree to not request information about the adolescent's private session. I ask your permission to keep what is discussed in our sessions confidential. "Confidential" means I will only share information with you if your teenage son or daughter says it's all right. The counselor agrees to share with the parent(s) any information that is necessary for the safety of the adolescent.

I am in agreement with the above information:

Parental/Guardian Agreement

Date