



CONSENT TO TREAT MINOR FORM

I, _____ custodial parent/legal guardian of _____, age _____ (birth date _____), authorize _____ **CCPC-Ohio (THERAPIST)** to assess and treat my child/ward, which will typically take place in an outpatient counseling setting. I also state that I have the legal authority to bring this child in for treatment.

I agree to take part in the counseling process as needed, and understand the format of counseling may include any combination of the following: Individual sessions with minor child, family sessions, and sessions with the parental unit(s).

*****Children under 18 years of age under Ohio law generally have no right to confidentiality where their parent(s)/legal guardian(s) are involved, with the exception that minors 14 years of age or older may receive certain limited outpatient services without the information being disclosed to the parent(s) or guardian(s) under most circumstances. Otherwise, generally both parent(s)/legal guardian(s) have a right to obtain all information on their minor children, unless specifically blocked from access by a court order. Since the child is the subject of the therapy, both parents should recognize that any information they, the parents, provide in any session will be available to the other parent, unless blocked by court order. Both parents agree to keep confidential any information they obtain about each other through this process, and acknowledge that although the CCPC-Ohio (THERAPIST) will not disclose information to third parties without an appropriate release, that we can't guarantee that the parents will honor their commitment on confidentiality.**

(We like to get both parents signatures when it is possible. If there has been a divorce involving this child, we require a copy of the Shared Parenting Agreement. For a Guardian I require the court appointment papers.)

Parent #1/Guardian's

Signature _____ Date _____

Relationship _____

Parent #2/Guardian's

Signature _____ Date _____

Relationship _____

***Minor Child/Acknowledging he or she has read the above statement (optional)

Signature _____ Date _____

CCPC-Ohio (THERAPIST)

Date