

CONSENT FOR TREATMENT OF A MINOR

I, _____, give my consent that Kimberly Greene, MA, LMFT, may conduct psychotherapy with _____, (DOB _____).

I have been notified and understand that all materials discussed during my psychotherapy sessions are confidential and can be released only with my permission. I have also been informed of the limitations to the confidentiality in the INFORMED CONSENT AGREEMENT that I have read and signed. These limitations include reasonable suspicion of child or elder abuse or neglect, when the client presents a danger to himself/herself or others, is gravely disabled, or as a gravely disabled minor, pursuant to legal proceedings and when you have given permission to me to release information and signed a release of information form.

Privacy and trust are key components of the psychotherapy relationship. Special sensitivity may be required in releasing information that the minor discloses in session about certain topics such as drugs or sex. I expect the Kimberly Greene will maintain my minor's privacy and I will accept Kimberly Greene's judgment in regard to releasing or sharing information obtained during the course of the psychotherapy with the minor that may endanger or jeopardize the patient's well-being.

Signature of Client

Date _____