

CONSENT FOR COUNSELING/MENTAL HEALTH TREATMENT OF A MINOR

(Consent for treatment of an individual under 18 years of age)

If you are under the age of 18 and seeking Mental Health Counseling Services, Texas State Law (**Texas Family code, Section 32.004**)* requires that a parent or guardian grant permission for treatment unless any of the following circumstances apply (please initial all that apply).

_____ I am on active duty in the armed forces.*

_____ I am at least 16 years old and reside apart from my parents/guardian and manage my own financial affairs regardless of the source of income.*

_____ I am thinking about suicide.*

_____ I have concerns about alcohol and/or drug addiction or dependency.*

_____ I have been sexually, physically, or emotionally abused.*

If any of the above sections have been initialed, then Counseling Services will be offered without parental/guardian consent.

If none of the above sections apply, we will need parental/guardian consent before continuing with Mental Health Services.

This document will remain in effect until the client's 18th birthday. Please complete = this form and return it to Dr. Harper prior to scheduling a counseling appointment.

I _____ (minor client) understand that under Texas State Law, parents/guardians have access to Counseling/Mental Health Records if requested, or could talk with your Counselor whether parental consent for treatment is necessary or not.

.By signing below I acknowledge that:

- I have read and understand its contents, including the limits of confidentiality as stated above.
- The information I have provided is accurate.
- I request counseling services from Dr. Faith G. Harper

Minor Client Signature

Date