

KINGS COUNSELING CENTER

808 N. IRWIN STREET HANFORD, CA 93230

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Roger A. Watson, M.F.T., and Associates
Marriage, Family and Child Therapists
Psychotherapists

PARENT OR LEGAL GUARDIAN CONSENT TO PERMIT TREATMENT OF A MINOR

I, the parent or legal guardian, give consent to _____ at Kings Counseling Center to evaluate and treat my child whose name is indicated below:

Minor's Name

Date of Birth

Patient ID #

I understand that this release allows the psychotherapist to meet with my child, to ask personal questions, and to initiate psychotherapy. I understand that during the process of psychotherapy my child may at times experience a wider range of feelings such as anger, sadness, fear, joy, etc.

I understand that my child's psychotherapist will provide me with general information about how treatment is progressing. The psychotherapist may involve me in the treatment process if they find it is clinically beneficial for my child. I understand that for clinical purposes my child's psychotherapist will attempt to guard the confidentiality of my child and will not reveal details of conversations with my child to me. I understand that I am free to call the psychotherapist at any time with information deemed important to the work with my child but the psychotherapist, in many cases, may not be able to answer specific questions regarding the content of the sessions with my child.

The psychotherapist will protect confidentiality within the limits of California State Law. I understand that the limits to confidentiality are when immediate danger exists to my child, or others, and that if the psychotherapist has reasonable suspicion that these dangers exist, they will be required to notify law enforcement and/or child safety workers to protect the safety of those concerned.

I understand that divorced parents who have joint legal custody of minor children must both be in agreement for therapy to proceed. Copies of court custody orders must be given to Kings Counseling Center prior to the first therapy session by the parent who has sole legal custody.

Parent or Legal Guardian Signature

Date

Print Name

Relationship to Patient

Phone Number

Parent or Legal Guardian Signature

Date

Print Name and Relationship to Patient

Phone Number

Witness Signature

Date