

# LODESTONE

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CENTER FOR BEHAVIORAL HEALTH

## CONSENT TO TREAT MINOR

I, \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_  
(print parent / guardian name) (print child name)

By consenting to have my child involved in therapy services, I understand that there may be some aspects of therapy that I will not have disclosed to me for the sake of building trust with my child, and depending on the age of my child, there are some aspects of therapy that I will not legally have access to without my child's consent. This excludes information related to threats to safety.

I also understand that my therapist is a mandated reporter of suspected child abuse (which can include instances other than physical harm or injury). In the event my therapists suspects that child abuse has occurred, the incident will be reported to the appropriate child and family protection agency. I will be notified of such a report, and if I am available to do so immediately, I may be allowed to make the report myself, with my therapist present.

I understand that I have a right to obtain certain treatment information at any time by law, such as diagnosis, services rendered, treatment plan, etc. This may not include certain details regarding the content of therapy. Any other parent or legal guardian (even if not living with the child) may have similar rights.

I understand that involving my child in therapy does not qualify as a custody evaluation in divorce proceedings. Custody evaluations require a very specific type of procedure and qualified professional, and my therapist's impressions will not be sufficient for this purpose.

By signing this document, I consent to my child's participation in treatment, and affirm that I have the legal authority to give such consent.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date