



PERMISSION TO RENDER SERVICES TO MINORS

Child's Name: _____ Date of Birth: ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Name of person requesting services: _____

Your relationship to child(ren): _____

In order for children to receive counseling services from Anew Counseling, LLC., it is necessary for the parent or legal guardian to grant permission for these services to occur. Our counseling services are considered medical in nature, and are therefore required to have signed consent of all legal custodians for any minor under the age of 18.

It is essential that all legal custodian(s) of the child(ren) grant permission for counseling services. Are you willing to provide a copy of the court order which names you the legal custodian of the above child(ren)? Yes No

If the answer to the above question is "No", counseling services cannot be provided to the above named child(ren) until a copy of the court order which names you the legal custodian is provided to this office.

I acknowledge that both natural parents, even though divorced, may have the right to obtain from the provider below, information regarding the nature and course of treatment of the child(ren).

These services may include:

- | | |
|--|---|
| <input type="checkbox"/> Clinical interviews of the child(ren) | <input type="checkbox"/> Counseling/Psychotherapy |
| <input type="checkbox"/> Testing of the child(ren) | <input type="checkbox"/> Other: _____ |

I agree to refrain from asking my child probing questions regarding the information they have revealed to my therapist in private sessions and to allow for their natural disclosure of information they may wish to share outside of sessions.

I consent to the provision of services by Anew Counseling, LLC., and hereby swear that I have a legal right to obtain treatment for the above named child(ren).

Your signature below indicates that you have read and understand the information in this document, and agree to abide by its terms during our professional relationship.

Name Date

Signature