



## Professional Christian Counseling Online

### Consent for the Release of Information of a Minor Under Your Care

**Child/Teen Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City / State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

City / State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

I confirm that I am the legal, custodial parent or guardian of the minor child/teen under age eighteen named above. I give my permission for the release and exchange of information including written reports, progress notes, and telephone calls regarding my child's services at Counselworx™ with the following persons or institutions:

_____	_____
_____	_____
_____	_____
_____	_____

*Include the names of all other adults who know your child and to whom you wish for your Counselworx™ Counselor to be able to share information with such as: noncustodial parents, school teachers and pastors. If no other persons are privileged to information about your child or have nothing to add to the knowledge of your child, please leave blank.*

I understand that this communication may include psychological, social, academic, medical, legal, testing and psychiatric information. I understand that the purpose of this communication is for facilitating my child's services at Counselworx™. I understand this agreement will be in effect until a period of 90 days following the end of my child's services with Counselworx™. I also understand that this agreement may be ended at any time by my written notice.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

(Counselworx™ Counselor Signature)