



CONSENT FOR TREATMENT OF MINORS

I, _____ (*parent/legal guardian*), give my consent for

Donna S. Scott, LMFT _____ (SDIC therapist) to conduct
psychotherapy with _____ (*minor*).

My relationship to the client (*minor*) is: _____ .

I was notified that the holder of privilege is _____ (*minor*).

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Informed Consent for Treatment which I have read and signed.

In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept the above mentioned therapist's judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's wellbeing.

1) Name (please print) _____ Relationship _____

Signature _____ Date _____

2) Name (please print) _____ Relationship _____

Signature _____ Date _____