

CONSENT FOR COUNSELING OF A MINOR

For under 18 years of age

The following statements provide legal consent to and financial responsibility for counseling services to a minor. These statements are important to protect the child, the parent/guardian/conservator, and the therapist(s). Please carefully review this information and sign where indicated. If you have concerns regarding this, please discuss them with Ms. Gowen.

**STATEMENT OF RESPONSIBILITY AND
GRANT OF PERMISSION FOR COUNSELING:**

I am the _____ Parent; _____ Legal Guardian; _____ Managing Conservator of

Name of Minor

DOB

I am legally responsible for the child named above and grant permission to Julie Gowen to conduct counseling with this child. Upon request, I will provide any necessary documentation.

I accept responsibility for the timely payment of all fees due to Julie Gowen, for services provided to this child.

Signature: _____ Date: _____

DUTY TO WARN NOTICE

I am committed to your confidentiality. There are, however, several exceptions. According to Texas law, any evidence of child abuse must be reported to the authorities.

If any individual intends to take harmful, dangerous or criminal action against another individual, or against himself/herself, it may be the counselor's duty to report such action or intent.

I acknowledge that I have read or heard read the above Duty to Warn Notice and understand the counselor's responsibility to take action where necessary.

Signature: _____ Date: _____