

**Consent for Treatment (for Minors)**

Maribeth Nelson MA, LPC

720-201-8868

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I \_\_\_\_\_ give my consent

that **Maribeth Nelson MA, LPC**, will be conducting psychotherapy

with \_\_\_\_\_.

My relationship to the client: \_\_\_\_\_

I was notified that the holder of the privilege is:

(parent/legal guardian) \_\_\_\_\_

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 Disclosure Form, which I have read and signed.

In case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept the judgment of Maribeth Nelson MA, LPC in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the patient's well being.

_____ Name (print)	_____ Relationship	_____ Signature	_____ Date
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_____ Name (print)	_____ Relationship	_____ Signature	_____ Date
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