

Soldiers And Families Embraced
Minor Client Consent *(updated July 1, 2014)*

I/We, _____, give my/our permission to Soldiers And Families Embraced
(Name of Parents/Guardians)

to provide counseling and/or other services to my/our child, _____ with
(Name of Minor Child)

and/or without me being present in the same session. I/We understand that we are the holder of confidential privilege- the right to withhold disclosure of private counseling information about my child. However, in the interest of developing a trusting relationship between the provider and my/our child(ren), I/we give the provider permission to reveal or withhold information which, in his/her clinical judgment, is necessary to protect my/our minor child.

The only exception to this discretion would be in the case of-

_____.

I/We have legal custody of the child and have authorization to seek counseling services for the child named above.

The child's other birth parent is / is not aware of this counseling.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

(Witness Signature)

(Date)