



# Reinicke Counseling Associates

Mission Valley • Rancho Bernardo • Carlsbad

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## CONSENT FOR TREATMENT FOR MINOR(S)

I, \_\_\_\_\_, give my consent that  
(Parent)  
\_\_\_\_\_ will be conducting psychotherapy  
(Therapist)  
with \_\_\_\_\_  
(Child)

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

I was notified that the holder of the privilege is \_\_\_\_\_

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 Office Policies 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 psychotherapist's judgment 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 (please print)	_____ Relationship	_____ Signature	_____ Date
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