Heather Roselaren, LCSW/MPH LCS #14038

Consent to Treat Minor

As the parent and/or legal guardian of the minor child

(name of client): _____

I/We authorize Heather Roselaren, LCSW/MPH to provide psychological treatment for them.

I/We understand that there is an expectation that I/we will benefit from psychotherapy, but there is no guarantee that this will occur. I/we understand, also, that maximum benefit will occur with consistent attendance.

I/We also understand that the content of psychotherapy is confidential, with the specific exceptions as provided by law, including:

1. When there is a reasonable suspicion of child abuse or abuse to a dependent or elder adult.
2. When the client communicates a threat of bodily injury to others.
3. When the client is suicidal.
4. When disclosure is required pursuant to a legal proceeding.

I/We have read and fully understand this Consent for Treatment form

Signature(s): _____

_____

Relationship to person named above: _____

Date signed: _____

Date Printed : _____

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