

Professional Psychological Associates
3745 Shawnee Road, Suite 105, Lima, OH 45806
419-999-2024 limatherapists.com

Consent to Treat a Minor

Permission is hereby granted to the therapist of Professional Psychological Associates, Lima, OH, to provide outpatient therapy as may be necessary to diagnose, treat, and care for the needs of

(child or adolescent name)

who is a minor and under the care of his/her parent(s) or legal custodial guardian.

I understand that the therapist and I will clarify in the initial session how and/or what information will be conveyed about my child/adolescent. I understand that under some circumstances, especially with adolescents, that confidentiality may be crucial for the teen to establish a therapeutic relationship.

I have read this consent form and I certify that I understand its contents as of this date and time. I certify that I am the custodial parent of the above named child/adolescent as of this date and time. If custodial arrangements change in any manner, I will promptly notify the therapist.

(Signature of the parent or custodial guardian)

(Date)

(Signature of therapist)

(Date)