

# Mind At Peace

## *Mental Wellness Counseling*

### **Informed Consent on Behalf of Minors**

Welcome to my practice. This document contains important information about my professional services. Please read it carefully and jot down any questions you might have so that we can discuss them prior to our next session. When you sign this document, it will represent an agreement between us for providing counseling services to your child or legal ward.

### **COUNSELING SERVICES**

Mental health counseling presents benefits and risks. My services are based on a collaborative approach for helping your child/ward achieve emotional wellness. Your support of their full engagement in treatment is important in helping achieve treatment goals, which may include reduced distress, effective management of their symptoms, enhanced self-esteem, and generally, emotional wellness.

Engaging in mental health counseling and therapy also presents possible risks. Because therapy may involve discussing and confronting unpleasant aspects of their life, they may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness.

### **CLIENT'S RIGHTS**

- ❖ Clients enter treatment voluntarily and are free to terminate treatment at any time, for any reason.
- ❖ The privacy of all communications between a client and a mental health counselor is protected by law. Release of information about our work to others can only be carried out with the written permission of the minor client's parent(s)/legal guardian, but there are a few exceptions:
  - In some legal proceedings, a judge may order my testimony if he/she determines that the issues demand it, and I must comply with that court order.
  - There are some situations in which counselors are obligated to take action to protect others from harm, even if this implies revealing some information about a client's treatment. For example, if I believe that a child, elderly person or disabled person is being abused or has been abused, I must make a report to the appropriate state agency.

- If I believe that a client is threatening serious bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client.
- If the client threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her and to contact family members or others who can help. The minor client's parent(s)/legal guardian will be notified of this first.
- I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my client. The consultant is also legally bound to keep the information confidential.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have pertaining to your child/ward's treatment.

I have read this document and understand the risks and benefits of the services provided by Mind at Peace. I hereby give my informed consent for my child/ward, \_\_\_\_\_ (full name), age \_\_\_\_\_, to enter into counseling for his/her mental health care.

\_\_\_\_\_  
Parent/Legal Guardian Name (please print)

\_\_\_\_\_  
Relationship to minor client

\_\_\_\_\_  
Patient/Legal Guardian Signature

\_\_\_\_\_  
Date