

Sandra Garton Breech, M. Ed.

Licensed Professional Counselor, Registered Play Therapist

Informed Consent for a Minor and Professional Disclosure

Welcome! This is a counseling practice deeply committed to quality care. It is my hope that the issues that have brought you into counseling may be resolved as we work together.

Minor client: I affirm that I am the parent or legal guardian of _____ and request counseling services from Sandra Garton Breech, M.Ed., LPC, RPT. (if divorced, please provide a copy of the divorce decree)

I recognize that in order for counseling to be successful, the bond of confidentiality must be extended to the minor child. All information disclosed to me by the counselor will be in the form of summary reports and general themes discussed during sessions. Information that appears to be harmful to the child or to another party will be divulged prior to the conclusion of the session.

The nature of the services to be rendered has been explained to me fully, and I understand that no guarantee, other than professional opinions and/or services based on prudent professional procedures and judgment, is given or implied regarding this case. With an understanding of the above requirements and conditions, I grant permission for my child to participate in counseling and release the counselor from any liability. My signature affirms my informed, voluntary consent for said counseling.

Client

Dated

Parent or Legal Guardian

Dated