BIOLOGICAL PARENTS OF MINOR CHILD LEGALLY CONSENT TO TREATMENT

If your child is under eighteen years of age, please be aware that the law may provide you the right to examine your child's treatment records. It is my policy, with your signed consent, to only provide general information about our individual work together, unless your child is suicidal or homicidal or engaging in "high risk" behaviors that may cause harm. In these instances, We will immediately notify you of our concern.

Privacy in psychotherapy is often crucial to successful progress and outcomes, particularly with children and adolescents. Therefore, it is our policy to request an agreement from parents / legal guardians to waive their right to obtain information from records from C. Snyder Counseling & Wellness, LLC pertaining to the evaluation and treatment of the below-mentioned minor children. We will however provide you with general information about your child's progress, treatment, and his / her attendance at scheduled sessions. We will also provide parents with a summary of their child's treatment when it is complete with a written request to do so with written consent of the child. I/we hereby waive my right as parent / guardian to obtain information from and copies of any records from C. Snyder Counseling & Wellness pertaining to the evaluation and treatment of the following child:_____, age _____. I understand that C. Snyder Counseling & Wellness, LLC may refuse to provide me, or any third party acting upon my request or authorization, with information and records pertaining to this child's mental health evaluation and treatment, if disclosure in the opinion of the child's therapist would negatively impact the child's evaluation and treatment. I hereby release C. Snyder Counseling & Wellness, LLC.

Minor's Name:_____, Birth date_____/___/_____ Age:_____

Minor's Name:_____, Birth date_____/____/_____ Age:_____

Minor's Name:_____, Birth date_____/____/_____ Age:_____, affirm that we have the legal authority to seek and grant permission for psychological treatment for the above-mentioned minor child(ren).

(Mother's Signature)
_____Date:_____

(Father's Signature)
_____ Date:_____