

Agape Counseling Services, PLLC
3725 Wrightsville Ave, Suite B
Wilmington, NC 28403

Consent Form For Minors

I, _____ (*parent or guardian*) give my consent for Agape Counseling Services, PLLC to perform and conduct psychotherapy/counseling with my son/daughter...

(*Minor's name*)

My relationship to the client: _____

I was notified that the holder of the privilege is _____
(*Guardian or Parent*)

I was also notified that all material discussed during the psychotherapy/counseling sessions is confidential and can be released only with permission of the holder of the privilege. I have been informed of the limitation to confidentiality as outlined in the Informed Consent and General Information, which I have read and signed.

In case of a minor, special sensitivity may be required in releasing information to the parent/guardian due to the therapeutic relationship with client and counselor. I will accept the Psychotherapist/Counselors Professional judgment in regard to releasing or sharing information obtained during the course of psychotherapy/counseling with the minor.

Name (Print)

Relationship

Signature

Date