



Kathy A. Miller, LCPC

CONSENT TO TREATMENT OF A CHILD

Name of child client: _____

The therapist named below and I have discussed my child's situation. I have been informed of the risks and benefits of treatment. The treatment chosen may include the following modalities:

Acceptance & Commitment Therapy (ACT), Anger Management Practices, Art Therapy Practices, Body-Mind Psychotherapy, Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Family Therapy, Mindfulness-Based Cognitive Therapy (MBCT), Mindfulness-Based Stress Reduction (MBSR), Mindfulness Practices, Solutions-Focused Therapy, Stress Management Practices, & Trauma-Focused Cognitive Behavioral Therapy (TFCBT).

Other: _____

I have had the chance to discuss all of these issues, have had my questions answered, and I understand the treatment that is planned. Therefore, I agree to play an active role in this treatment as needed, and I give this therapist permission to begin this treatment, as shown by my signature below.

Signature of parent/guardian

Date

I, the therapist, have discussed the issues above with the child's parent or guardian. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the child's treatment.

Signature of therapist

Date

Copy accepted by client Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.