



Consent for Treatment of a Minor

Client name: _____ **Date of Birth:** _____
(A separate form must be completed for **each minor** participating in treatment.)

I have received and reviewed a **Consent and Agreement for Treatment** form for adults. I, (parent) _____ do hereby authorize Lighthouse Counseling Services to provide counseling/treatment to (minor) _____, as described on the adult consent form. I give this consent as the client’s custodial parent or legal representative. I understand that I will also be required to consent to treatment if I participate in sessions with my child’s therapist.

I understand that, even if I do not participate in treatment, the therapist is able to share with me the following information without authorization from the client:

- Current mental condition/status
- Diagnosis
- Treatment needs/recommendations
- Times and Dates of Service
- Billing/Insurance/Payment information

Clients under age 12: The parent or legal representative has the right to the above as well as a summary of treatment information.

Clients aged 12-18: The parent or legal representative has the right to access only the information listed above, unless the client signs an authorization specifically releasing more information.

I also understand I may revoke this consent at any time by giving written notice to the therapist.

***Minors receiving services in Illinois, who are age 12 or over, are permitted to consent on their own behalf for up to 5 sessions, up to 45-minutes in length, and may request that their parents not be notified of the services. Under these circumstances, the parent cannot be held liable for the cost of services.

Printed Name of Custodial Parent or Legal Representative

Signature of Custodial Parent of Legal Representative

Date

Signature of Witness

Date