



CONSENT FOR TREATMENT OF A MINOR CHILD

We/I, _____ and _____, parent(s) and/or

guardian(s) of the minor child _____, give the assigned therapist at Angels on the Horizon Therapeutic Center, LLC, full and unconditional authority to proceed with a clinical evaluation and treatment as their judgment indicates. This consent is given by me/us as parent(s) and/or guardian(s) of said child(ren). We/I have the legal power to consent to psychological and mental health assessment and treatment of said minor child(ren). It is clearly understood that the therapist is hereby fully released from any claims and demands that might arise, or be incident to the evaluation and/or treatment, provided that their duties are performed with standard care and responsibility to the best of their professional ability.

The therapeutic process is a team approach, especially in the case of a minor child. The following informed consent states that each parent, and/or any legal guardian with authority over the health care decisions of the child, will agree to these terms and communicate effectively with each other as well as with the providers involved to create a supportive and conducive environment for treatment.

Although our responsibility to your child may require our involvement in conflicts between parents and guardians, we need your agreement that our involvement will be strictly limited to that, which will benefit your child. This means that you each agree as a condition of us treating your child that:

- You realize the limits of confidentiality. That although we maintain full confidentiality of your reports and records with our providers and office staff, we cannot enforce confidentiality among family members, parents, siblings, and/or spouses. We do however ask that each party respect the confidentiality of each family member.
- Our role is limited to providing the treatment and you shall not attempt to gain advantage in any legal proceedings relating to the possession, access, and custody of your child from our treatment of your child. We will NOT perform custody evaluations. We will NOT provide recommendations regarding possession, conservatorship, or access to minor children. We will NOT provide legal advice. These services are NOT within the scope of our practice.
- You shall not request or require us, through subpoena, summons, or other means (except as otherwise ordered by a court of competent jurisdiction), to provide testimony in favor of one parent or guardian against the other in any legal proceeding relating to the possession, access, and conservatorship of your child;
- You understand that in the event that a provider is called into a legal or forensic relationship, or if any therapeutic material should be subpoenaed, at that point the therapeutic relationship will be considered terminated, and the provider will no longer provide the counseling or related therapeutic services, but will fulfill legal obligations on a factual or forensic basis.

- If there is a court appointed evaluator, and if appropriate authorization forms are signed, or a court order authorizing disclosure of treatment records is sent to us, we will disclose the requested treatment and general information about the minor but **we will not** make any recommendations concerning the child’s custody, or custody arrangements, unless otherwise ordered by a court.

The things you share with your provider are protected under the confidentiality laws of the State of Texas. Both verbal information and written records about a client cannot be shared with another party without written consent of the client or the client’s legal guardian. It is the policy of Angels on the Horizon Therapeutic Center, LLC, not to release any information about a client without a signed release of information. However, there are limits to confidentiality that you should know about before we begin therapy. Those exceptions include:

- Signed authorization from you to release information to a specific individual or organization
- The counselor determines that you may harm yourself or someone else, at which point we may contact medical or law enforcement authorities
- Disclosure of abuse, neglect, exploitation or a child, the elderly, or a disabled individual
- Disclosure of professional misconduct of another mental health professional
- Court order or requirement by law to disclose information
- Minors/guardianship (parents or legal guardians of non-emancipated minor clients have the right to access the client’s records)

Printed Name(s)

Parent(s)/Guardian(s) Signature

Parent(s)/Guardian(s) Signature

Parent(s)/Guardian(s) Signature

Relationship to Child Client

Date

In cases of separation or divorce: I have provided the most current legal documentation (divorce decree or current court orders) regarding conservatorship and my legal right to consent to treatment for my child.
_____ (Parent Initial)

Child Counseling/Play Therapy

For play therapy, sometimes it may be necessary to end the session early depending upon the following circumstances: the condition or cleanliness of the playroom/office, the child's ability to leave when the session is over, a situation where play therapy could no longer continue (e.g., child gets sick, child breaks several toys, child chooses to leave and not return, etc.), and the need for a parent consultation.

Because the session may need to end early at times, please be sure to remain in the waiting room for most of the session. If you leave the waiting area please advise the administrator that you are leaving and provide a contact number.

Children in the playroom/office are not asked to clean the room following the session. The reason for this is as follows: If play is a child's language and toys are the child's words; having a child clean up the play room/office following the session would be analogous to asking the child to clean up his/her emotional world. It would be similar to having an adult take back everything he/she said at the end of the counseling session. **This is a unique stipulation to play therapy**—please know I am not advocating this action for other circumstances—only play therapy, and specifically during play therapy sessions.

When the child greets you in the waiting room following the counseling session, it is best **not to ask several questions**, such as “Did you have fun?”- While playing is a natural, pleasurable activity for the child, children in play therapy are involved in playing out problems and emotional struggle and, therefore, at times “playing” may not be so enjoyable. Furthermore, when asked what the child did in play therapy, the child will typically respond, “I played.” This would be similar to asking an adult in counseling what he or she did in the session—“We talked.”

Before your child attends play therapy

1. Please take them to the bathroom. Play therapy can often be very emotionally freeing, causing the child sometimes to have to use the bathroom during therapy. It is helpful if the child goes to the restroom before the session begins.
2. Also, if your child is coming from school and is hungry, please give them a snack before therapy starts. Only in rare circumstances will food be provided for a child in play therapy. In such a situation, this will be discussed with the caregiver and added to the treatment plan.
3. Please know that the playroom has a variety of media that can be messy (e.g., easel paints, water-color paints, Play-Doh, clay, water, sand, etc.). Please dress your child in clothes that can tolerate mess or possible stains should the child spill paint on themselves.
4. Also, if your child is allergic to any substance that falls into this realm, it is your responsibility to let the therapist know so that appropriate modifications can be made for your child. The therapist will briefly meet with you to give feedback on your child every other session. While the feedback will discuss overall play themes for your child, discussion on several specific play behaviors will not be discussed to protect the child's confidentiality. However, most certainly at times, it will be necessary to discuss specific play behaviors and what this may mean for your child. In addition, you will be given a parent report form before each session in order for you to be able to let the therapist know information since the last session.

Child's Name _____ Today's Date _____

Since the last session how is your child's behavior (circle descriptor)

At Home	Stable	Better	Worse	NA
At School	Stable	Better	Worse	NA
With Peers	Stable	Better	Worse	NA

Other behavioral concerns:

Since the last session how is your child: (circle descriptor)

Sleeping	Stable	Better	Worse	NA
Eating	Stable	Better	Worse	NA
Physically	Stable	Better	Worse	NA
Emotionally	Stable	Better	Worse	NA
Socially	Stable	Better	Worse	NA

Other concerns:

Parenting my child this week I felt: (circle descriptor)

Confident Challenged Calm Connected

Anything else you want me to know?:

Signature of Parent/Legal Guardian