

Northshore Center For wellness

Consent to Treat a Minor

I, _____ give my permission to Northshore Center For Wellness to see my child _____ for clinical services with or without me being present during sessions. I understand that I have the right to control the disclosure of private counseling information about my child. However in the interest of resolving the issues I have brought to the clinician, I give the clinician permission to reveal or withhold information to/from me or others that in the clinician's judgment is necessary to best help and protect my child.

Legal Guardian's Signature/Date

Clinician's Signature/Date