

**PERMISSION TO TREAT MINORS**

When minors are in therapy, parents or legal guardians have rights to information regarding treatment. However, in order for therapy to be effective, the child must have assurance of confidentiality. Because of this, it is our policy to ask parents to agree that information will be shared only with the child's permission, except in situations where the child's safety is acutely at stake. Parents are encouraged to ask their child's therapist about the therapy and together your child's therapist and your child will talk to you about your concerns and will share information that is clinically optimal for the child to share as determined by the therapist and child.

Consent for treatment from both parents is required in order for treatment to occur. When a child turns 18, the control of their treatment and their treatment record reverts to the child. If this is a concern, please discuss it with us before starting treatment.

We, \_\_\_\_\_ and \_\_\_\_\_,  
have read and accepted the terms outlined above and hereby give my consent  
for my daughter/son, \_\_\_\_\_, to be in treatment  
at Chestnut Hill Counseling Associates - Portsmouth.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date