

## Consent for Treatment of a Minor

In order for therapy to be most effective for your child and yield maximum benefit for the whole family, it is vital that a bond of trust be established between your child and Dr. Lisa Schenitzki. This is accomplished, in part, by maintaining the confidentiality of your child's disclosures to Dr. Schenitzki, except under the conditions listed below. She recognizes that in your role as a parent or guardian, you are an integral part of your child's therapy. You will be informed with a reasonable amount of regularity of the general direction of your child's therapy, the general issues your child is dealing with, progress toward therapy goals, and ways that you can facilitate progress.

(I / We) the undersigned (parent(s) or guardian) of this minor have discussed the child's treatment with Dr. Schenitzki and understand the treatment that is planned. (I / We) understand that Dr. Schenitzki will maintain confidentiality regarding the child's treatment unless she determines that any of the following conditions exist:

1. There is a danger the child may harm him or herself or the person or property of others;
2. The disclosure to another individual or agency is necessary to comply with mandatory child, elder, or dependent adult abuse and/or neglect reporting laws;
3. The court has ordered Dr. Schenitzki to turn over therapy records in part or in whole.

(I / We) understand that in most circumstances, both biological parents or their designees may be entitled to information regarding the child's treatment.

(I / We) hereby consent to treatment of the minor child by Dr. Lisa Schenitzki. (I / We) understand that under certain circumstances, medical evaluation, psychiatric evaluation, psychological assessment, and/or testing may need to be rendered to the minor by professionals outside of this office. If these services are needed, they will be explained to you by Dr. Schenitzki. (I / We) also understand that as a result of a medical or psychiatric evaluation, the child may be prescribed medication(s) and that compliance with such medication(s) may be a condition of treatment by Dr. Schenitzki.

Signatures:

Mother \_\_\_\_\_ Father \_\_\_\_\_

Guardian(s) \_\_\_\_\_