SAFE HARBOR COUNSELING
PARTNERS IN HOPE. SOLUTIONS FOR LIFE.

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Robert J. Bennett, Director

Consent For Treatment of a Minor

I, _____, give Safe Harbor Counseling and _____
Therapist
Permission to provide treatment for _____.

Confidentiality Statement

I, _____, and _____ understand limits to confidentiality and have
parent child
been provided with a copy of this statement.

For the Parent/Guardian: The right to confidentiality is maintained with two exceptions:

1. The professional has reason to believe that you will harm yourself.
2. The professional has reason to believe that you will harm others, including your child.

For the Child: The right to confidentiality is maintained with three exceptions:

1. The professional has reason to believe that you will harm yourself.
2. The professional has reason to believe that you will harm others.
3. The professional has reason to believe that someone or something is harming you including your parents.

Additional Disclosures at the Parent's Request:

_____
_____
_____
_____
_____

_____ _____ _____
Therapist Parent/Guardian Date

_____
Child