

Dr. Judy Chamberlin LCSW, PsyD

Individual, couples and family counseling

17752 Sky Park Circle, Ste. 260

Irvine, Ca 92614

Phone: (949) 292-2092

Website: www.judychamberlin.com

Email: judy@judychamberlin.com

CONSENT TO TREAT A MINOR

Minor Client's Name: _____

As the parent or legal guardian with the authority to consent on behalf of the minor child named above, I hereby give my consent for the minor to participate in counseling and/or psychotherapy services with Psychotherapist Judy Chamberlin, LCSW.

In most cases, the parents hold privilege on behalf of their minor child, however, confidentiality is an important element of psychotherapy and legally and ethically minors are entitled to a confidential relationship with their therapist. This clinician is sensitive to your concerns as a parent and will provide you with verbal reports on your child's progress while also being careful not to reveal specific confidential information, unless information obtained from the minor indicates danger to the minors well being.

This clinician is mandated to report to authorities under the following circumstances:

- Incidents that involve child, dependent adult or elder abuse, including neglect, physical or sexual abuse
- Disclosure of intent to hurt another person

This clinician is permitted to breach confidentiality under the following circumstances:

- Incidents that involve emotional or psychological abuse of a child, dependent adult or elderly person.
- Indications of a client being a danger to self, others or property

Thank you for the privilege of working with your child

(Print name of parent or guardian)

(Relationship)

(Signature)

(Date)

(Print name of parent or guardian)

(Relationship)

(Signature)

(Date)