

CONSENT TO TREAT A CHILD/ADOLESCENT

Part I. In order for me to treat a minor child (under 18 years of age), I must have the written consent of the child's parent(s) or legal guardian(s). Please indicate your consent for me to treat your child by signing the following statement.

I, _____, state that I have the legal right to authorize _____ to provide mental health services to _____ (DOB: _____) and do herewith authorize said services.

SIGNATURE

DATE

SIGNATURE

DATE

Part II. Under ORC 3701.74, parent(s) or legal guardian(s) have a right to complete access to all information concerning a child or adolescent involved in therapy. ORC 5122.04 provides clients 14-18, confidential therapy for 6 visits or 1 month in certain circumstances. Therapists, under Ohio Law, have ethical obligations under 4757-5 to protect the client's confidentiality; to protect the clients from possible harm and to act in the best interests of the client. Under ORC 3109.05.1(H), the non-residential parent is entitled to access, under the same terms or conditions under which access is provided to the residential parent unless the Court determines that it would not be in the best interest of the child for the other parent to have access. Because of these competing legal obligations and ethical duties, for me to be successful achieving a therapeutic alliance with your son or daughter, I will need to have an agreement that you will honor my ethical duties over your legal right to obtain records and/or testimony from me. I will need to inform your son or daughter that what they tell me will not be disclosed to you or be subpoenaed by you or someone on your behalf. I will inform your child that I also have ethical duties to inform their parent(s) or the Children Services Bureau where there has been a disclosure of imminent danger to the client or to others or where the information is so serious that the parents' ultimate responsibility for the client's welfare dictates that the parent(s) be kept informed. Absent those circumstances, I ask that you waive your right to obtain my records or testimony.

By signing this waiver clause, you agree that absent the conditions stated herein, all of the child's records shall remain confidential and that my testimony or records will not be demanded or subpoenaed by you or someone acting on your behalf.

SIGNATURE

DATE

SIGNATURE

DATE