

Center for Therapeutic Services & Psychodiagnostics

4209 W. Shamrock Lane, Unit C, McHenry IL 60050

815 344 9443 | Fax 815 344 9445

Consent for Counseling Services to Minors

For minor children/adolescents to receive psychological services, the parent or legal guardian must grant consent for treatment.

Names and date of birth of child(ren) to receive psychological services:

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Name _____ Date of Birth _____ Age _____

Name of person requesting services _____

Your relationship to child(ren): Parent Step-parent Guardian Grandparent

Other _____

Are you the legal parent or guardian to above-named children? Yes No

I hereby attest that I have the sole legal right to consent for **mental health treatment** for the above-named children: Yes No

- In instances of parental separation or divorce, it is essential that the sole legal custodian of the child(ren) grant consent for treatment.
- We require that you submit a copy of the **most recent settlement agreement** or **custody court order** that names you the legal custodian of the above children.
- If there is **no copy** of the **joint-custody settlement agreement** or **sole-custody order**, or if you are not specifically authorized by the court to give **sole consent for mental health treatment**, we require the consent of **both natural parents**.
- Are you willing to do so? Yes No

If the answer to any of the above questions is "No," psychological or counseling services cannot be provided to the above-named child(ren) until a copy of the court order which names you the sole legal custodian is provided to this office—or we obtain written consent for treatment from both natural parents.

I acknowledge that both natural parents, even though divorced, may have a right to obtain from the provider named below information regarding the nature and course of treatment of the child(ren).

- Illinois State law mandates the reporting of certain types of child abuse, including physical abuse, sexual abuse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency.

I, _____, consent to (provider of services) _____ of The Center for Therapeutic Services & Psychodiagnostics to provide psychological services to the child(ren) named above. These services may include Psychological Testing, Counseling/Psychotherapy, or other services _____.

Print name of person consenting for services

Signature of person authorizing consent

Date