

CONSENT FOR COUNSELING OF A MINOR

For under 18 years of age
Ecumenical Center for Religion and Health
8310 Ewing Halsell Drive
San Antonio, TX 78229
210-616-0885



The following statements provide your legal consent to and financial responsibility for counseling services to a minor. These statements are important to protect the child, the parent/guardian/conservator, and the therapist(s). Please carefully review this information and sign where indicated. You are encouraged to discuss with your therapist any questions you may have concerning this form.

STATEMENT OF RESPONSIBILITY AND GRANT OF PERMISSION FOR COUNSELING:

I am the _____ Parent; _____ Legal Guardian; _____ Managing Conservator of

_____ Name of Minor _____ DOB

I am legally responsible for the child named above and grant permission to the Ecumenical Center for Religion and Health to conduct counseling with this child. Upon request, I will provide any necessary documentation.

I accept responsibility for the timely payment of all fees due to the Ecumenical Center for services provided to this child.

Signature: _____ Date: _____

DUTY TO WARN NOTICE

The Ecumenical Center for Religion and Health is committed to confidentiality and privileged communication with all clients. There are, however, several exceptions. According to Texas law, any evidence of child abuse must be reported to the authorities. If any individual intends to take harmful, dangerous or criminal action against another individual, or against himself/herself, it may be the counselor’s duty to report such action or intent.

I acknowledge that I have read or heard read the above Duty to Warn Notice and understand the counselor’s responsibility to take action where necessary.

Signature: _____ Date: _____