



CONSENT FOR TREATMENT OF A MINOR

I, _____ authorize Be Inspired Counseling, LLC to provide counseling services to my son/daughter _____, DOB _____. I understand that certain information may remain confidential. Below is a Confidentiality Agreement set between myself, my child and our clinician.

Parent/Guardian Signature

Date

Client Signature

Date

Clinician Signature

Date

The following information will be shared with my parent/guardian:

(1)

(2)

(3)