



STATEMENT OF CONFIDENTIALITY FOR COUNSELING A MINOR

I, \_\_\_\_\_ give my permission to  
(Name of Parent or Guardian)

\_\_\_\_\_ to see my child,  
(Counselor)

\_\_\_\_\_  
(Name of Minor Child)

Minors do not have the legal status to enter into a written agreement of informed consent regarding the counseling process, the risks and benefits of counseling, and the limits of confidentiality. Therefore, understanding and having signed my own informed consent regarding counseling services received from this counselor at Crosspoint Counseling Center as the custodial parent/legal guardian of the minor give my permission for this minor to receive counseling services/treatments/assessments.

Minors also do not have any legal right to confidentiality. However, to ensure the integrity of the counseling process and to provide the minor with an atmosphere of trust with the counselor, confidentiality should be provided to the minor to the greatest extent possible. I understand that I am the holder of confidential privilege—the right to withhold or disclose private counseling information about my child. However, in the interest of developing a trust relationship between the counselor and my child, I give the counselor permission to reveal or withhold information which, in his/her clinical judgment, is necessary to protect my minor child.

Regardless of the age of the client, confidentiality cannot be maintained under the circumstances explained in the standard limits of confidentiality outlined in the informed consent (i.e. when there is an apparent indication of eminent danger to self or others, or when there is an indication of past or present child or elder abuse, appropriate authorities will be notified.) I agree that these limits have been fully explained by the counselor to the minor in my presence.

I have legal custody of the child and have authorization to provide counseling for the child named above. The child's other parent, \_\_\_\_\_ is / is not aware of this counseling.

\_\_\_\_\_  
(Parent/Guardian Signature) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Counselor/Witness Signature) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Date)