Connect Counseling Center, LLC

203 Harnett Ct.
Clarksville, TN 37043
Phone: 931-614-7397
Fax: 931-443-0079

2031 N. Mount Juliet Rd. Ste. 201
Mount Juliet, TN 37122
Phone: 615-438-3615
Fax: 931-443-0079

Consent to Treat a Minor

I, _____ am the parent/legal guardian of
(Parent/Legal Guardian Print Name)

_____a minor whose birthday is _____.
(Client Print Name) (Date of birth)

I authorize Connect Counseling Center, LLC to provide mental health counseling services to my child. I understand that my child will benefit most from having a confidential relationship with his/her counselor. I also understand that for therapy to be successful with any individual, their confidentiality needs to be respected, even in the case of a minor child, with the exception of when the minor is a danger to him/herself or others. I understand that this permission to treat with respect for my child's confidentiality is given with my full consent. I further understand that, once my child turns 18, my consent for treatment will no longer be required. I also understand that I may revoke my consent at any time but that it must be done in writing.

By signing this, I acknowledge that I have read and understand this consent, and that I have been able to call Connect Counseling Center, LLC to have any questions answered before signing.

_____ _____
(Signature of Parent/Legal Guardian) (Date)

_____ _____
(Signature of Parent/Legal Guardian) (Date)

**For parents who have sole legal custody of the minor child, only one signature is required. A parent agreement or court order showing sole legal custody will be required.*

**If legal custody is shared by more than one person, both people are required to sign this consent.*