

# Consent For Professional Services of a Minor (In office or Telecounseling)

**CHRISTIAN COUNSELING ASSOCIATES OF RALEIGH, PLLC**

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**7008 Harps Mill Rd., Suite 103  
Raleigh, NC 27615  
(919) 260-5830**

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Receipt of Notices and Request for Services (Please initial)

\_\_\_\_\_ I have read and accept the Professional Disclosure statement for my therapist (on website)

\_\_\_\_\_ I have read and acknowledge receipt of a copy of the Notice of Privacy Practices (on website).

\_\_\_\_\_ I understand that my child has a right to confidentiality regarding matters discussed in therapy. I also understand that my child's therapist will regularly meet with me and my child to discuss in general terms progress being made in therapy, as well as to discuss general recommendations. Confidentiality is waived as mandated by the law if a child discloses that they have intent to harm themselves or someone else, or that they have been abused.

\_\_\_\_\_ I understand that therapy can be stopped at any time. If therapist decides therapy is not helping, the therapist will discuss this with both the minor client and the parent/guardian with the understanding that the decision to remain in therapy is up to the parent/guardian.

\_\_\_\_\_ I affirm that the other parent is in agreement with therapy. Please note that if the parent/guardian is divorced and the other parent shares legal custody regarding medical decisions, the other parent must also sign this form before the child can be seen for therapy.

\_\_\_\_\_ I hereby request professional counseling services. I understand the first one or two visits are for evaluation purposes and are not a guarantee of further treatment. If ongoing treatment at this office is indicated and mutually agreeable then a treatment plan will be agreed upon at the end of the evaluation.

## Financial Responsibility

\_\_\_\_\_ I hereby unconditionally guarantee payment to Christian Counseling Associates of Raleigh for all costs, charges and expenses incurred unless separate arrangements are agreed upon in writing.

\_\_\_\_\_  
**Signature of Minor and Date**

\_\_\_\_\_  
**Legally Responsible Parent/Guardian and Date**

\_\_\_\_\_  
**Therapist Signature and Date**