



MINDFUL HEARTS THERAPY
7702 E. Doubletree Ranch Rd., Ste 300
Scottsdale, AZ 85258
520-329-7955 VLP4102@aol.com

**ADDITIONAL PARENT/GUARDIAN CONSENT FOR
COUNSELING A MINOR**

**I/We, _____parent/guardian
_____parent/guardian**

Please list your children by NAME and BIRTHDATE:

Child's Name _____DOB _____

Prior to beginning treatment, it is important that you understand that Mindful Hearts approach to child assessment and therapy, and to agree to some rules regarding your child's confidentiality during the course of his or her treatment. The information herein is in addition to the information contained in the PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT (HIPPA) *Notice of Privacy Practices*. Under HIPAA and the APA Ethics Code, we are legally and ethically responsible to provide you with informed consent.

Consent- Although having only one parent's consent for assessment and/or treatment may be legal, it is preferred practice for this office to obtain consent from BOTH parents, regardless of the custodial arrangement, before an assessment or treatment begins with a minor. In any custodial arrangement, both parents have the right to contact and meet with the therapist regarding their child's assessment or treatment progress (unless otherwise indicated by the court).

In turn, the therapist has the right to contact both parents to share critical information and to seek supportive information.

PSYCHOTHERAPIST-PATIENT SERVICES

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SIGNED _____ Date _____