

**Agape Counseling Associates, Inc**

3806 Peachtree Avenue unit 210

Wilmington, NC 28403

**Consent Form For Minors**

I, \_\_\_\_\_ (*parent or guardian*) give my consent for Agape Counseling Associates, Inc to perform and conduct psychotherapy/counseling with my son/daughter...

\_\_\_\_\_  
(*Minor's name*)

My relationship to the client: \_\_\_\_\_

I was notified that the holder of the privilege is \_\_\_\_\_  
(*Guardian or Parent*)

I was also notified that all material discussed during the psychotherapy/counseling sessions is confidential and can be released only with permission of the holder of the privilege. I have been informed of the limitation to confidentiality as outlined in the Informed Consent and General Information, which I have read and signed.

In case of a minor, special sensitivity may be required in releasing information to the parent/guardian due to the therapeutic relationship with client and counselor. I will accept the Psychotherapist/Counselors Professional judgment in regard to releasing or sharing information obtained during the course of psychotherapy/counseling with the minor.

Name ( <i>Print</i> )	Relationship	Signature	Date
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*My signature below indicates that I agree to take full financial responsibility for all charges incurred with regard to insurance deductibles or private pay.*

Parent/guardian/responsible party	Date of Birth	Date
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Billing Address	City	State	zip
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