

**INSTITUTE FOR COUPLE AND FAMILY ENHANCEMENT
CONSENT FOR TREATMENT OF MINORS**

Parent/Guardian Name(s): _____

This is to certify that I give my permission to ICFE Therapist-Intern _____ for treatment of my child(ren). My/our signatures below affirms that I have the legal authority to consent for treatment of the child(ren) named below. If my legal guardianship is in any way directed by a court order, I agree to provide a copy for ICFE records. I agree to inform the ICFE of custody and guardianship arrangements, and, if applicable, will inform the co-parent of the child(ren)'s participation in therapy.

I/we, the legal parent(s) or guardian(s) of the minor child(ren):

Child's Name: _____ **Child's Date of Birth:** _____

Child's Name: _____ **Child's Date of Birth:** _____

Child's Name: _____ **Child's Date of Birth:** _____

I/we grant my/our permission for any psychotherapy, testing, or diagnostic evaluation that the ICFE Therapist-Intern, under the clinical supervision of an ICFE clinical supervisor, may deem necessary in individual or family psychotherapy. I/we understand the potential for emotional discomfort and relationship changes not originally intended. I/we understand the ICFE does not guarantee any particular results or outcome from the psychotherapy process.

Parent/Guardian Initials _____

I/we understand and agree to the ICFE's confidentiality policies as detailed in the full consent form. These include the exceptions to confidentiality mandated by state law. These also include the possibility of sharing information disclosed in individual sessions, phone conversations, or written messages with those family members who have consented to treatment information.

Parent/Guardian Initials _____

I/we understand the risks of psychotherapy as explained in the full consent form. I/we understand that the ICFE does not provide emergency services and in the event of an emergency I/we agree to go to the nearest emergency room, call 9-1-1, or contact the Center for Health Care Services 24-Hour Crisis and Substance Use Helpline at 800-316-9241 or 210-223-SAFE (7233).

Parent/Guardian Initials _____

To be signed by a legal parent(s) or guardian(s):

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

ICFE Therapist-Intern

Date