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 Dr. Turner 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 to Dr. Turner for her records. I agree to inform Dr. Turner 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:_____

grant my/our permission for any psychotherapy, testing, or diagnostic evaluation that Dr. Turner 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 Dr. Turner does not guarantee any particular results or outcome from the psychotherapy process.

Parent/Guardian Initials _____

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 _____

understand the risks of psychotherapy as explained in the full consent form. I/we understand that Dr. Turner 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 Crisis Stabilization Unit of the Center for Health Care Services at 225-5481 (after hours 531-7826) or the United Way Help Hotline at 227-4357 (HELP).

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**
_____		_____
Renee Turner, Ph.D., LPC-S, RPT-S		**Date**