Nichole Lorenz, LMSW
Compassionate Connection, LLC
Holistic Mental Wellness Counseling

Consent for Treatment of Minor

Client Name: _____
Date of Birth: _____
Parent / Guardian Name: _____

I consent to mental wellness counseling for my child / teen, _____.
I understand that if legal custody is shared, both myself and the other legal custodial parent must consent to the treatment of our child. I sign this form knowing that both myself and the other custodial parent (if applicable) have consented to (or not indicated an objection to) _____ participating in treatment at this time.

By signing this form I acknowledge that I have reviewed and understand that everything in the "Clinical Practice and Informed Consent for Mental Health Counseling Services" paperwork applies to the treatment of my child.

I understand that in general family involvement is very important for the efficacy of my child's mental health treatment. Nichole Lorenz will make suggestions regarding how family members can best be involved, taking preferences and needs into account.

Nichole Lorenz will serve as my child's advocate and treatment provider. This means that she will not be involved in any legal matters, including disputes about custody or visitation. If there is a court-appointed evaluator and if appropriate releases are signed and a court order is provided, Nichole Lorenz will provide general information about my child, which will not include recommendations concerning custody or visitation arrangements. If, for any reason, Nichole Lorenz is ordered to appear as a witness or is needed for a legal dispute, the party responsible for her participation agrees to reimburse her at the rate of $130 / hour for time spent traveling, preparing reports, testifying, being in attendance, and any other case-related costs. Fees are due prior to her appearance.

_____ _____
Signature of parent / Guardian Date

_____ _____
Signature of Witness Date