



# NEW HOPE

COUNSELING SERVICES

## Counseling Minors Release Form

I \_\_\_\_\_ (name of parent or guardian)  
give my permission to \_\_\_\_\_ (name of counselor)  
to see my son or daughter \_\_\_\_\_ (name of minor child)  
for treatment or counseling with or without my being present during sessions.

I/we understand that we have the right to control the disclosure of private counseling information about my child.

However, in the interest of resolving the issues I/we have brought to the counselor, I/we give the counselor permission to reveal or withhold information to/from us or others that in the counselor's judgment is necessary to best help and protect my/our children.

Exceptions to this discretion include but may not be limited to a client's indication of bodily harm to self or others, involvement in a felony, suicidal intentions, and reasonable evidence of child abuse or neglect.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Counselor \_\_\_\_\_ Date \_\_\_\_\_

*"Connecting hurting hearts to a living hope."*