CONSENT TO TREAT A MINOR

I/We as ____ (Parent/Legal Guardian) authorize Susan Couch, LCSW, to provide therapy treatment to my/our dependent child,

____, DOB _________________________.

I/we acknowledge that no guarantee or assurance has been made to me/us or to my/our child regarding the results of the therapy.

I/we understand that a therapist may meet with my/our minor child individually when I/we are not present.

I/we understand that a therapist may discuss issues with my/our child that are considered confidential. North Carolina law allows the parent(s)/legal guardian(s) to obtain this confidential information because a minor is involved.

I/we understand that the therapist will inform me/us about any matters pertaining to your minor child hurting himself/herself or anyone else. The therapist may be required by North Carolina law to report suspect child abuse or neglect to the proper law/agency.

When therapy is conducted, information concerning your child is collected. This information is referred to as Protected Health Information or PHI. This information is needed in order to provide the best therapy for your child. This information may be shared with other therapy/treatment agencies only with your approval. A form for your approval is available. Your child's PHI may only be shared without your consent if there is a threat of injury or safety to your child or others.

You have a right to revoke this Consent to treat Minor at any time by submitting a letter stating that you revoke the Consent to Treat Minor dated _____________. Submit the letter to Susan Couch, LCSW, 100 Magnolia Road, Suite 2210, Pinehurst, NC 28374. Your revocation will be effective upon receipt.

I/WE HAVE READ THIS "CONSENT TO TREAT MINOR FORM" AND HAVE BEEN GIVEN AN OPPORTUNITY TO ASK QUESTIONS AND HAVE RECEIVED SATISFACTORY ANSWERS.

___________________________________ Mother's Signature ____________________Date

___________________________________ Father's Signature _____________________Date

___________________________________Legal Guardian ________________________Date