

**Desert Sage Counseling, LLC**

**CONSENT FOR TREATMENT OF MINORS (under age 18)**

**Client Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**This is to certify that I, \_\_\_\_\_, give permission to my counselor, \_\_\_\_\_, to treat my child as listed above. I understand that my child’s treatment sessions and information gathered during them may not be used in a court of law. If knowledge obtained is included in that which is required for mandated reporters, such as child/elder abuse, serious harm to self/others, it will be reported as mandated by the American Association of Marriage and Family Therapists and in accordance with Nevada state law. Response in such cases may include actions such as notifying the parent(s)/guardian(s) and reporting to appropriate agencies to protect all parties involved.**

**This treatment may include individual psychotherapy and consultations with the counselor’s professional associates at Kayenta Therapy Center, who are also mandated under the same laws to maintain confidentiality. This treatment may also include referrals to other appropriate state, county or professional agencies for further counseling, if warranted.**

**Please initial next to one of the lines below:**

\_\_\_\_\_ **I certify that I am sole legal/physical guardian of my child.**

\_\_\_\_\_ **I understand that it is my responsibility to inform my child’ co-parent if they are a joint legal/physical guardian of my child.**

**Parent/Legal Guardian’s Signature:** \_\_\_\_\_

**Print Parent/Legal Guardian’s Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Counselor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_