

Mind At Peace

Mental Wellness Counseling

Informed Assent of Minors

Welcome to my practice. This document contains important information about my professional services. Please read it carefully and jot down any questions you might have so that we can discuss them prior to our next session. When you sign this document, it will represent your agreement to enter counseling services with Mind At Peace. Because you are a minor, your parent(s)' or legal guardian's consent is also required.

COUNSELING SERVICES

Mental health counseling presents benefits and risks. My services are based on a collaborative approach for helping you achieve emotional wellness. Your full engagement in treatment is important in helping you achieve your goals. These goals may include reduced distress, effective management of your symptoms, enhanced self-esteem, and generally, emotional wellness.

Engaging in mental health counseling and therapy also presents possible risks. Because therapy may involve discussing and confronting unpleasant aspects of your life, you may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. We will work through this together.

CLIENT'S RIGHTS

- ❖ Clients enter treatment voluntarily and are free to terminate treatment at any time, for any reason.
- ❖ The privacy of all communications between a client and a mental health counselor is protected by law. Release of information about our work to others can only be carried out with the written permission of the client's parent(s) or legal guardian.
- ❖ Your parent(s)/legal guardian have a right to your records, but not to the details of what we discuss together, except in cases where your safety or that of others is concerned. We will always discuss together what we disclose or must disclose to your parent(s)/legal guardian.

If you have any questions or concerns about confidentiality, it is important that we discuss this together.

I have read this document and understand the risks and benefits of the services provided by Mind at Peace. I hereby give my informed assent to enter counseling with Mind at Peace.

Client Name (please print)

Age

Client Signature

Date