

Guardian Agreement for Individual Counseling of a Legal Minor

I, the parent or legal guardian of _____ (client, a minor), consent to have my minor child take part in individual counseling with Tom McCabe, MA, LPC.

I understand that I have certain rights to information concerning my minor child in counseling, except where otherwise stated by law or agreed upon with my child and his or her counselor. I understand that under Alaska law, my minor child may be able to consent to the release of his or her own health information. I also understand that this counselor believes in providing a minor child with a private environment to facilitate counseling. I give this counselor permission to honor my minor child's decisions with regard to his or her health information and I relinquish the rights to make those decisions.

In order to support effective counseling by freeing my minor child and me to disclose fully to this counselor, I agree that if I or my minor child ever become involved in legal proceedings (such as divorce and custody disputes, injuries, lawsuits, etc.), neither I nor my attorneys, nor anyone else acting on my behalf will call on this counselor to testify in court or at any other proceeding unless otherwise agreed upon in advance with this counselor.

I agree to be responsible for payment for all of my child's counseling appointments including those he or she does not attend and those canceled with less than 24-hours advance notice. The only exceptions are unforeseen or unavoidable situations arising suddenly, as determined by this counselor on a case-by-case basis. I understand and accept that I am fully responsible for paying all of this counselor's fees for my child in full; I also understand that I am fully responsible for any preauthorization or claims submission necessary to receive health care plan/insurance reimbursement for this counselor's services.

Parent/guardian signature: _____ Date: _____

Printed name: _____ Legal relationship to client: _____

Address: _____ Phone numbers: _____

City, state, zip: _____ E-mail: _____

This is a strictly confidential client health record. Rediscovery or transfer is expressly prohibited by law.