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CONSENT FOR TREATMENT OF MINORS & ACKNOWLEDGEMENT OF TREATMENT OF MINORS POLICY

This is to certify that I give permission to Karen R. Stefano Ed.M., M.A., L.P.C. to treat _____, my minor child, as a client for counseling.

State law mandates the reporting of certain types of child abuse including physical abuse, sexual abuse, unlawful sexual intercourse, neglect and emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agency. This treatment may also include referral to other appropriate State and County agencies for further counseling.

As a mental health practitioner I need signed consent in order to treat minors.

Treatment of Minors Policy

- 1.) I believe that both parents should be involved in the treatment of a minor when possible. In therapy we need to engage both parents, remaining open and neutral to the concerns of each parent. I will not become allied with one parent at the expense of the other.
- 2.) I prefer to get both parents to sign the consent form.
- 3.) When parents are divorced or separated I need to determine the legal aspects of the Consent Order. Court orders may be in place after a divorce or during the process, which delineate how parenting decisions are to be made. There may be an order that states that both parents have to consent for there to be treatment. Therefore, I will need to see the Court Order before seeing the child. The order can be faxed, mailed, or brought to the first session.
- 4.) Many divorces stipulate that there is joint custody and do not specifically state that both parents have to sign for treatment. However, many parents do not really know what is in the order. And there are ethical considerations when deciding to exclude a parent from the treatment. Parental meetings should be arranged either separately or together, if possible.
- 5.) In the midst of a custody dispute, it is very important for the therapist to go over confidentiality matters, and to stress that I will not be able to make recommendations to the court regarding custody and visitation issues. My job is to provide therapy, not evaluation or recommendation.

I consent to the treatment of my minor child and I understand the Treatment of Minors Policy as outlined above and I agree to comply with it.

Full Name of Minor _____ Date of Birth _____

Signature of Parent _____ Date _____

Printed Name of Parent _____

Address _____

City/State/Zip _____

Signature of Parent _____ Date _____

Printed Name of Parent _____

Address _____

City/State/Zip _____