

California Lutheran University
Community Counseling Services

CONSENT TO TREAT MINORS

Name of Minor _____

Date of Birth _____

As the parent/legal guardian with the authority to provide consent on behalf of the minor named above, I hereby consent to the treatment of this minor so that they may receive services at Community Counseling Services of California Lutheran University (“CCS”). I hereby state that I am competent and fully understand the terms of this consent. This consent will be valid until the minor reaches 18, but I understand that I can revoke this consent prior to that time, at any time, by written notification.

I understand and acknowledge that:

- In order to provide clients with quality services, CCS digitally records all client sessions and these recordings are not part of the client record. These recordings are deleted monthly. The purpose of this practice is to enhance student learning. All materials will be handled in compliance with the ethical principles of confidentiality promoted by the professional associations and by State and Federal Law.
- There may be times when my child’s therapist will want to include me in therapy sessions. There may be other times when my child will need to meet with the therapist alone. My child’s confidentiality is as important as it would be for an adult. In situations where my child may be directly at risk, CCS will inform me in detail of their concerns. However, to facilitate the therapeutic alliance with the child CCS does not typically share what occurs in the sessions. I respect this as an essential part of my child’s therapy.
- I am required to remain on the premises while my child is in session. I may be asked to join a session or provide assistance with my child.

Parent/Guardian #1 Signature

Parent/Guardian #1 Printed Name

Parent/Guardian #2 Signature

Parent/Guardian #2 Printed Name

Date

Relationship to Minor