



Holly Barnes, M.Ed., MA, NCC, LPC
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Consent to Treatment for Minor Child

Print the legal name of minor child here: _____

I, _____ as parent or guardian of my minor child, hereby affirm that I have been assigned parental responsibilities to consent for health care by the state of Colorado for my minor child and I hereby give consent for my child to receive counseling by Holly Barnes.

I understand that only the therapist and her supervisor(s) will know the information, learned during the course of therapy. (Please read the Client Rights form for exceptions.) Furthermore, I understand my therapist is under no obligation to release any information related to my child's therapy to other persons or agencies.

I understand that the therapist conducting this therapy will be doing so under the supervision of her supervisor, and that to facilitate this supervision, therapy sessions with my child and collateral sessions with me may be recorded in photo or video format.

I understand that when parents are unmarried or divorced, Colorado law allows any parent who has been assigned parental responsibilities access to medical records. Therefore in compliance with C.R.S. 14-10-123.8, you authorize the therapist to provide accesses to treatment information to such an individual by authorizing me to provide services to the child in your custody.

I was informed during the initial intake, both in writing and verbally, that my therapist prefers not to testify in court at this time. Experience has shown that testimony by therapists in domestic cases can cause damage to the clinical relationship between therapist and client. Only court-appointed experts, investigators, or evaluators can make recommendations to the court on disputed issues concerning parental responsibilities and parenting plans. (adapted from Lane, 2009.)

Client (age under 18)

Date

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Holly Barnes, LPC

Date