

KATE REYNOLDS, MA, LPCC

Parent/Guardian Consent for a Minor

To participate in therapeutic/coaching services with Kate Reynolds, MA, LPCC

Parent/Guardian Consent

Please read the following Parent/Guardian Consent thoroughly. If you have questions, concerns, or comments, please ask a counselor or supervisor. Your permission is requested for your child/children or adolescent/adolescents. Thank you for considering this opportunity for your child and family.

Please list full names and birthdates here:

to participate in therapeutic/coaching Services with Kate Reynolds, MA, LPCC.

In the sessions where the parent or guardian is not present.

The counselor will keep information shared by your child/adolescent confidential except in certain situations in which there is an ethical responsibility to limit confidentiality. In the following circumstances you and/or Child Protective Services will be notified.

- *The child reveals information about hurting him/herself or another person.
- *The child reveals information about child abuse.

By signing this form, I give my informed consent for my child/adolescent to participate in therapeutic services with Kate Reynolds, MA, LPCC.

1. The session will provide an opportunity for my child/adolescent to explore personal issues and concerns.
2. Information shared in the session will be kept confidential except in above-mentioned cases.

I understand that I may revoke this permission at any time.

Parent/Guardian Signature: _____

Date: _____