

Debbie Ennis LICSW

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978-257-8062

Service Consent for Minors

While privacy in therapy is crucial to successful progress, parental involvement can also be essential. It is my policy not to provide treatment to a child under age 13 unless he/she agrees that I can share whatever information I consider necessary with a parent. For children 14 and older, I request that the child allows me to share general information about treatment progress and attendance. All other communication will require the child's agreement, unless I feel there is a safety concern, in which case I will make every effort to notify the child of my intention to disclose information ahead of time and make every effort to handle any objections that are raised.

With this in mind, please complete the following.

I, (name of parent/guardian),

- | | | | |
|--------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> parent | <input type="checkbox"/> legal guardian | <input type="checkbox"/> foster parent | <input type="checkbox"/> grandparent |
| <input type="checkbox"/> step-parent | <input type="checkbox"/> DCF worker | <input type="checkbox"/> other: | <input type="text"/> |

of (name of minor) , give permission to Debbie Ennis, LICSW to provide services to the child named above. I understand that these services may include individual and family sessions, family consultation, and case consultation with other professionals or concerned parties in my child's care. I understand that communicating with other professionals or concerned parties will require me to sign a separate release form.

I understand that the sessions my child has with Debbie Ennis will remain confidential between her and my child. I have read the initial paragraph of this form and have expressed any concerns or questions I may have prior to signing this agreement.

No guarantee or assurances of results from these services have been made to me. I understand that I will need to participate in and agree with any and all service plans / goals that are developed.

I understand that there is a fee for these services, for which I am responsible. Debbie runs a for-profit business and provision of said services is dependent upon my willingness and ability to pay.

If you have any questions or concerns about this consent please discuss them with me **prior to signing** the Acknowledgement of Forms page.