The Center for Psychological Counseling Service, Inc
5124 Hollywood Boulevard
Hollywood, Fl 33021
Tel: (954)894-1174 & Fax: (954)965-4597

PERMISSION TO TREAT MINORS FORM

I give _____ permission to provide assessment and counseling services for my minor child.

Childs name: _____

According to Florida Statute 415, any counselor is mandated to report any suspected abuse of a child as required by law. Therefore, if the counselor knows or has reason to believe that my child is being physically abused, sexually abused or neglected, I understand that this information must be reported to the Department of Children and Families Abuse Hotline at 1-800-96-ABUSE.

I also understand that the specific content of sessions between my child and his/her counselor will remain confidential and that my child has the right to request that information about his/her treatment not be shared with me. General reports of my child's progress will be made to me under this agreement.

I also understand that it may occasionally be necessary for me to participate in the sessions with my child as is beneficial to my child's progress and agree to do so.

Please print name of person signing form: _____

Signature of parent with legal custody: _____

Date: _____