

Annette Provencher LCSW LLC

Permission to treat minor

I _____ hereby give my permission for my child

_____ to be seen for individual/group/family/therapy/

EMDR. Any information between the client and therapist is confidential. If the therapist is

Concerned about the child s/he will share relevant information with the guardians. If the client

is in danger of hurting her/himself or others the guardians will be notified. If the client shares

abuse, by law DCPD has to be notified. The guardians may or not be notified of this

depending on the content of the disclosure.

Name of minor: _____

Guardian signature _____