



JoAnn Proctor, MA, LCPC
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Consent for Treatment of a Minor

I, _____, give *Listening Ears Counseling Services* and JoAnn B. Proctor
Therapist
permission to provide treatment for _____.

Confidentiality Statement

I, _____, and _____ understand limits to
Parent/Guardian Child
confidentiality and have been provided with a copy of this statement.

For the Parent/Guardian: The right to confidentiality is maintained with two exceptions:

- 1. The professional has reason to believe that you will harm yourself.
- 2. The professional has reason to believe that you will harm others, including your child.

For the Child: The right to confidentiality is maintained with three exceptions:

- 1. The professional has reason to believe that you will harm yourself.
- 2. The professional has reason to believe that you will harm others.
- 3. The professional has reason to believe that someone or something is harming you including your parents.

Additional Disclosures at the Parent’s Request:

Therapist

Parent/Guardian

Date

Child