



**Evolve
Counseling, PLLC**

P.O. Box 152
Selmer, TN 38375
(731) 610-8862

Consent for Treatment of Minor(s) & Others

I _____ give my consent for Evolve Counseling, PLLC to conduct psychotherapy with _____. My relationship to the client (parent, uncle, etc.): _____. I was notified that the holder of the privilege is (parent, guardian, etc.) _____. I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Informed Consent form, which I have read and signed. In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept the judgement of Evolve Counseling, PLLC regarding releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's wellbeing.

Name (print)	Relationship	Signature	Date
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