



**CONSENT FOR ASSESMENT AND TREATMENT
Addendum for Minors**

Minors

As a minor, being under eighteen years of age, I acknowledge that the law may provide my parents the right to examine my treatment records. However, before any information is disclosed, it will be discussed with me first, if possible, so I am prepared to handle any consequences of that disclosure.

Parents

As a parent I agree to abstain from accessing Minor's records to enhance the therapeutic process. I agree to receive only general information about the progress, unless there is a high risk that the Minor will seriously harm him/herself or someone else. In this case, I will be notified about those concerns immediately. I may also be provided with a brief summary of the treatment when it is complete.

Client: _____

Signature: _____

Date: _____

Parent 1: _____

Signature: _____

Date: _____

Parent 2: _____

Signature: _____

Date: _____

Therapist: Jan Jelinek, MSc, RPsych #3157

Signature: _____

Date: _____