



# A New Life Christian Counseling

A New Life Is Possible One Step at a Time  
[www.anlcc.com](http://www.anlcc.com)

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## Parental Consent to Counseling

I, \_\_\_\_\_, give consent to have my daughter/son \_\_\_\_\_  
(Printed name of parent or guardian) (Printed name of client)  
enter into counseling with \_\_\_\_\_ at A New Life Christian Counseling.  
(Printed name of counselor)

I understand that the communication between my daughter/son and their counselor is confidential, and that confidentiality will be broken only in the case of them being a danger to themselves or to others, or if otherwise required by law. Therefore, I fully understand that even I as a parent will not be provided with any information regarding communication between my daughter/son and their counselor, unless specific permission for certain information is given by my daughter/son by their initials below:

- \_\_\_ Yes \_\_\_ No      Counseling Progress/Treatment Goals/Prognosis
- \_\_\_ Yes \_\_\_ No      Evaluation/Assessment Results & Recommendation(s)
- \_\_\_ Yes \_\_\_ No      Alcohol/Drug Treatment/Counseling History
- \_\_\_ Yes \_\_\_ No      Mental Health Services/Counseling History
- \_\_\_ Yes \_\_\_ No      Medical/Psychiatric Treatment History
- \_\_\_ Yes \_\_\_ No      Financial Payment Arrangement(s)
- \_\_\_ Yes \_\_\_ No      Other \_\_\_\_\_
- \_\_\_ Yes \_\_\_ No      Other \_\_\_\_\_

I have had the opportunity to fully discuss with said counselor the risks and benefits of treatment, as well as treatment choices and methods. I have had all my questions answered and I understand and approve the treatment that is planned.

Under penalty of law, I hereby declare that I am the parent of this child. Parent means a biological or adoptive parent having legal custody of the child or a person or agency judicially appointed as legal guardian of the child.

Dated \_\_\_\_\_, 20\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Signature of Counselor : \_\_\_\_\_