Louisville Seminary

## Louisville Seminary Counseling Center Permission to Counsel a Minor

Date			
Minor Client:	Age:	_ Date of Birth:	
Parent/Legal Guardian:			

As parent/legal guardian of this child, I give permission to Louisville Seminary Counseling Center to provide the requested counseling services.

## Limits of Confidentiality

I understand that all Counseling Center staff adhere to strict confidentiality standards according to Kentucky Law. I understand that while my child is a minor, I have rights to discuss my child's counseling with her/his counselor. Information discussed in the therapy setting is held confidential and will not be shared legal authorities without written permission from a parent except under the following conditions:

- 1. The client threatens suicide.
- 2. The client threatens harm to another person(s).
- 3. The client reports suspected abuse or neglect, including but not limited to, physical and/or sexual abuse of a child, of the elderly, or of a spouse.
- 4. The client reports sexual exploitation by a therapist.
- 5. There is issuance of an order by a court.
- 6. The client has granted permission.

Therapists at LSCC receive supervision and participate in team consultation that is an additional benefit of receiving services in an educational institution. Therapy sessions are discussed as deemed necessary with supervisors and other staff at the Louisville Seminary Counseling Center and with faculty and professional colleagues at the Louisville Presbyterian Theological Seminary. Identifying client information is kept confidential during such consultation.

Parent/Guardian Name

Parent/Guardian Signature

NOTE: This form **must** be notarized if not completed at Louisville Seminary Counseling Center. (See back of form.)



Louisville Seminary Counseling Center Permission to Counsel a Minor

Seminary Witness or Notary:

Today, \_\_\_\_\_\_, parent/guardian of \_\_\_\_\_\_

validated their identification as the person who signed the preceding or attached document with

authority to provide consent for therapeutic services for this minor child.

LSCC Witness

Date

Notary

Date

Seal