

## **Soul Care Adolescent Consent Form & Parent Agreement to Respect Privacy**

### **Adolescent Soul Care:**

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality.

Minor's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Parent/Guardian:**

Check boxes and sign below indicating your agreement to respect your adolescent's privacy:

/ I will refrain from requesting detailed information about individual soul care with my child.

/ Although I know I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my adolescent's soul care.

/ I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the Soul Care giver's judgment and may sometimes be made in confidential consultation with her consultant/supervisor.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Soul Care giver Signature \_\_\_\_\_ Date \_\_\_\_\_