



Jennifer H. Harris, Psy.D. Clinical Psychologist PSY26018
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Consent For Treatment Of Minor(s)

I _____ give my consent for Dr. Jennifer H Harris to conduct psychotherapy/play therapy with _____.

My relationship to the client (parent, uncle, etc.): _____

I was notified that the holder of the privilege is the parent unless another individual is an appointed guardian.

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 Office Policies 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 Dr. Harris' judgment in regard to releasing or sharing information obtained during the course of therapy with the minor that may endanger or jeopardize the client's wellbeing.

Name (print)	Relationship	Signature	Date
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