Parent or Guardian Consent for a Minor

Consent to therapy, authority, custody documents and a confidentiality agreement for a client under 18

Check your state's minor consent and custody rules and any court order before the first session

Practice and client

Practice name _____ Clinician, credentials and license no. _____ Phone or portal _____

Client (the minor) name _____ Date of birth _____ Age _____ School and grade (optional) _____

Services: ☐ Assessment ☐ Individual ☐ Family sessions ☐ Video sessions ☐ Group

1. Person consenting, authority and the other parent

Name of person consenting _____ Relationship to client _____ Phone or email _____

Authority: ☐ Parent, decision making ☐ Guardian (order) ☐ Agency or designee ☐ Minor, state law

Other parent or guardian _____ Relationship _____ Phone or email _____

Other parent: ☐ Informed ☐ Signed below ☐ Not required by order ☐ Not contacted (see record)

Minor consent statute relied on, if any _____ Clinician finding documented on (date) _____

2. Custody and court documents

☐ Parents together, no order ☐ Joint legal custody ☐ Sole legal custody

☐ Guardianship ☐ Agency custody ☐ Protective order exists

Order type and date _____ Clause on health care decisions, named provider or notice _____ Copy received (date, from) _____

3. Confidentiality agreement

Parents will be told (attendance, general progress, other)

_____

Kept private unless the young person agrees

_____

Shared for safety or law: serious risk of harm to the young person or others, abuse or neglect that must be reported, a court order or another law. The young person is told first where possible and safe.

Gray zone decisions agreed in advance (substance use, self-harm, other)

_____

Please read before signing

Records: Parents may have rights to request records under HIPAA and state law. By signing, parents agree that session details stay confidential between the young person and the clinician as set out above.

Court: The clinician does not make custody recommendations. Subpoenas and court orders are handled under the law, and both parents are told.

Changes and emergencies: Tell the practice within 5 days of any new court order. Consent may be withdrawn in writing. In a crisis, call or text 988 or call 911.

Young person (assent): I understand the privacy rules above and I agree to try therapy. Signature _____ Date _____

Parent or guardian 1: name and signature _____ Date _____

Parent or guardian 2: name and signature _____ Date _____

Clinician name, credentials and signature _____ Date _____

Office use: review date _____ copies given ☐ order pages filed ☐ oral assent noted ☐

Template to adapt. Not legal advice. Check your state's minor consent, custody and records laws and any court order.

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FILLED EXAMPLE · fictional practice, clinician, family and details

Practice and client

Practice name: Maple Row Family Counseling (fictional)

Clinician, credentials and license no.: J. Rivera, LPC, license no. on file

Phone or portal: Portal or (555) 010-0142

Client (the minor) name: Ellie S. (fictional)

Date of birth: 02/11/2012

Age: 14

School and grade (optional): Grade 9

Services: [x] Assessment [x] Individual [x] Family sessions [x] Video sessions [ ] Group

1. Person consenting, authority and the other parent

Name of person consenting: Dana S. (fictional)

Relationship to client: Mother

Phone or email: Portal and (555) 010-0177

Authority: [x] Parent, decision making [ ] Guardian (order) [ ] Agency or designee [ ] Minor, state law

Other parent or guardian: Chris S. (fictional)

Relationship: Father

Phone or email: Portal and (555) 010-0188

Other parent: [ ] Informed [x] Signed below [ ] Not required by order [ ] Not contacted (see record)

Minor consent statute relied on, if any: None relied on

Clinician finding documented on (date): Not applicable

2. Custody and court documents

[ ] Parents together, no order [x] Joint legal custody [ ] Sole legal custody

[ ] Guardianship [ ] Agency custody [ ] Protective order exists

Order type and date: Custody order, 03/14/2024

Clause on health care decisions, named provider or notice: Either parent may consent; keep each other informed

Copy received (date, from): 11/04/2026, from Dana S.

3. Confidentiality agreement

Parents will be told (attendance, general progress, other): Attendance, scheduling, monthly check-in on goals and general progress

Kept private unless the young person agrees: What Ellie says in sessions, feelings about family and friends, other details

Shared for safety or law: serious risk of harm to the young person or others, abuse or neglect that must be reported, a court order or another law. The young person is told first where possible and safe.

Gray zone decisions agreed in advance (substance use, self-harm, other): Any self-harm shared with both parents; alcohol discussed with Ellie first, shared if a safety concern

Please read before signing

Records: Parents may have rights to request records under HIPAA and state law. By signing, parents agree that session details stay confidential between the young person and the clinician as set out above.

Court: The clinician does not make custody recommendations. Subpoenas and court orders are handled under the law, and both parents are told.

Changes and emergencies: Tell the practice within 5 days of any new court order. Consent may be withdrawn in writing. In a crisis, call or text 988 or call 911.

Young person (assent): I understand the privacy rules above and I agree to try therapy. Signature: Ellie S. (fictional)

Date: 11/09/2026

Parent or guardian 1: name and signature: Dana S. (fictional)

Date: 11/09/2026

Parent or guardian 2: name and signature: Chris S. (fictional)

Date: 11/09/2026

Clinician name, credentials and signature: J. Rivera, LPC (fictional)

Date: 11/09/2026

Office use: copies to both parents and client via portal 11/09/2026 · order pages filed · review 05/2027

Template to adapt. Not legal advice. Check your state's minor consent, custody and records laws and any court order.

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Before the First Session: Checklist

Ten checks before you see a minor client, plus a log of custody and consent documents

Before the first session

- [ ] 1. Caller's relationship to the child and authority to consent noted.
- [ ] 2. Asked whether the parents are together, separated or divorced.
- [ ] 3. Latest custody order or parenting plan read: health care decisions.
- [ ] 4. Any clause naming a provider, requiring agreement or notice checked.
- [ ] 5. Protective or restraining orders asked about and recorded.
- [ ] 6. State minor consent law checked: age, conditions, payment, notice.
- [ ] 7. Other parent informed or signature requested, per policy and order.
- [ ] 8. Confidentiality agreement and gray zone discussed with both.
- [ ] 9. Young person's assent obtained, written or oral, and noted.
- [ ] 10. Copies given; client's location confirmed for telehealth sessions.

Custody and consent document log: one row per document

	Received	Document	From whom	Dated	Key terms	Filed	Review or ends	Initials
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Documents: CO custody order or parenting plan, MOD modification, PO protective order, GU guardianship, AG agency letter, PC parent consent, AS assent, ROI release. Log new orders the day you receive them and re-check consent when an order changes or the client turns 18.

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Therapy Progress Notes and Intake Templates

Fillable PDF: includes an informed consent outline to adapt, plus intake, notes and safety plan pages (20 pages)

Holiday sale on Etsy until Dec 2: about $7.36, was $9

Get it on Etsy

etsy.com/listing/4607261084 | instant digital download

See every page first: lotustulip.com/therapy-progress-notes-and-intake-templates.html

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