**MARK LITTMAN, MA**

 **LICENSED PROFESSIONAL COUNSELOR**

 **CONSENT TO TREAT A MINOR**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission to Mark Littman, MA, to provide counseling services to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor child born \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that I will be fully informed regarding the type of treatment and any potential risks to the child before any procedure is started. I have the right to consult with Mr. Littman at any time regarding the course of treatment but understand that minors have the same right to privacy as adults

and that details of counseling sessions will remain private with the following exceptions:

1. The minor expresses a desire to harm him/herself or others.

2. The minor is engaging in behavior which, in the counselor’s opinion, will be dangerous to him/ herself or others.

3. The minor discloses physical or sexual abuse by an adult caretaker.

4. The minor agrees to allow his/her parent(s) to be fully informed of session content.

This consent will stay in effect until termination of treatment or until the parent or legal guardian who has signed this document chooses to revoke it.

Signature of Parent or Legal Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Signature of non-custodial parent/guardian (if appropriate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_