

BIRCH TREE COUNSELING
226 Rockingham Rd.
Londonderry, NH 03053
Phone (603) 425-2989
FAX (603) 425-2978

NEW LEAF COUNSELING
63 Church Street
Laconia, NH 03246
Phone (603) 524-0777

Consent to Confidential Treatment of Minor Child(ren)

As the parent(s)/legal guardian of:

Name(s) _____

I give consent for my minor child(ren) to receive treatment from:

Therapist: _____

1. The purpose of the treatment is to promote and foster child(ren)'s mental health and well-being and may include addressing issues within our family.
2. The counseling will be guided by our child(ren)'s best interests.
3. We acknowledge that a child(ren) will have a confidential relationship with Therapist.
NH RSA 330-A:32
4. To the extent that our child(ren) directs and/or to the extent that the Therapist believes that it is in the best interest of our child(ren), Therapist shall protect and safeguard our child(ren)'s right of privacy, privilege and confidential relationship with Therapist even as to our own parental inquiries and requests for information.
5. We agree that any disclosure to us by Therapist of confidential information is not a waiver of our child(ren)'s rights of privacy, privileged, confidential relationship and will not give us access to other information regarding our child's treatment with Therapist.

Signature 1. _____ Date _____
(Parent or Guardian)

Signature 2. _____ Date _____
(Parent or Guardian)