

# Holston Center for *Wellbeing*

**Kathy T. Heustess, MAR, MSW, LCSW**

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## **CONSENT FOR TREATMENT OF A MINOR CHILD**

The following statements provide your legal consent to counseling services to a minor child. These statements are important to protect the child, the parent/guardian/conservator, and the therapist. Please carefully review this information and sign where indicated. You are requested to discuss any question you may have with the therapist.

### **Statement of Responsibility and Consent for Therapy**

I am the:

Natural Parent       Adoptive Parent       Legal Guardian       Managing Conservator  
of \_\_\_\_\_ (name of child).

I am legally responsible for the child named above and grant permission to Kathy T. Heustess, MAR, MSW, LCSW to conduct therapy with this child.

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

### **CONFIDENTIALITY NOTICE:**

Kathy T. Heustess is committed to the confidentiality and privileged communication with all clients. There are, however, several exceptions. According to State law, any report of child abuse must be reported to the authorities. If any individual intends to take harmful, dangerous, or criminal action against another individual, or against himself/herself, it may be the therapist's duty to warn the potential victim(s) and report such action or intent to civil authorities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date