



Thrive Therapy Group, P.C.

Consent for Treatment of Minor(s) and Others

I give my consent for treatment with _____. My relationship to the patient is (parent, uncle, etc.) _____. I was notified that the holder of the privilege is (parent, guardian, etc.) _____.

I was also notified that all material discussed during 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 Informed Consent 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 the therapist's judgment in regard to releasing or sharing information obtained during the course of treatment with the minor that may endanger or jeopardize the client's wellbeing.

Name

Relationship

Date