

Psychological Services Center University of Colorado Denver

Parent/Guardian Authorization for Psychological Services for a Minor

Patient ID # (office use): _____

I, _____ and _____, do hereby grant permission for my child, _____, whose birth date is _____, to be seen for (circle one):
Therapy/Assessments/Other: _____ by a student therapist affiliated with the Psychological Services Center at the University of Colorado Denver. I understand that the sessions will be kept confidential except where it is required by law to disclose information (e.g., if the minor patient is a danger to self/others, in the case of suspected child abuse, in case of a court order). Aside from these and other legal exceptions, no information or records concerning these sessions will be divulged to any person without the prior consent of the parent/guardian of the minor individual receiving psychological services. In addition, in order to maximize the benefits of therapy for the minor patient, I understand that aside from these legal exceptions, and aside from any information that the therapist judges must be shared with the parents/legal guardians in order to protect or promote the welfare and safety of the minor individual receiving services, and/or unless the minor individual receiving services gives his/her assent to divulge information, information or records concerning these sessions will not be shared with the parents or legal guardians.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Preferred/not required: I hereby give my *assent* to receive services from a student therapist affiliated with the Psychological Services Center at the University of Colorado Denver. I understand that session information will not be shared with anyone, including my parents/legal guardians, except as stated above; even in the circumstances where information must be shared, every effort will be made by the therapist to get my assent to disclose necessary information.

Minor Signature: _____ Date: _____