



Treatment of Minors Policy

- I affirm that I am the legal guardian of the following minor child(ren)

and hereby grant permission for my child(ren) to participate in counseling services with Miranda Thornton and/or John Lloyd.

- I hereby affirm, and will also provide documentation to my therapist that I have a legal right to obtain medical treatment for this child. These documents generally include a valid state issued ID (driver's license), custody paperwork from the court, birth certificate, and/or state or school ID issued to the minor.
- A parent or other approved adult (see therapist for approval process) **MUST REMAIN IN THE CLINIC/HOME** while a minor is being seen. If you are unable to stay in the building during your child's session, you will need to reschedule. Exceptions **MAY** be made for older teenagers, at the therapist's discretion.
- I understand that if my child is suicidal, or homicidal, or engaged in any activity that the therapist reasonably expects to result in physical harm to my child, the therapist will tell me.
- I understand that any disclosure of current, or past, abuse or neglect of a minor, or any other protected group, will be reported to the appropriate state authority.
- I understand that although I have full access to my child's records, it may be therapeutically beneficial to not inquire about specifics of any session.

Parent Name (Please Print) _____ Date: _____

Parent Signature _____

Parent Name (Please Print) _____ Date: _____

Parent Signature _____

Minor Child Name _____ Date: _____

Signature/Assent _____

Minor Child Name _____ Date: _____

Signature/Assent _____

Minor Child Name _____ Date: _____

Signature/Assent _____

Therapist Signature _____ Date: _____

Miranda Thornton, M.S., LMFT-Associate or John Lloyd, PhD-C, LMFT-Associate

Supervisor: Karen Kudlac, PhD, LMFT-S, LPC-S

Phone Number: 940-387-6264

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