

**Aspire Within Psychotherapy, LLC**

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**Consent to Treatment (Minor)**

I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

**Is treatment mandated by a court of law (i.e., DCF, CPS, Probation, IDRC, ADV, etc)? Yes or No**

*If yes, please provide us with a copy of this court decree (or any documentation) at your next appointment.*

I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.) ***Failure to provide accurate and current information regarding the status of any mandate to treatment and/or any legal requirement where counseling is necessary may lead to termination of services. For treatment services to be provided to a minor, it is necessary for Aspire Within Psychotherapy to obtain the signature of the custodial parent/guardian in all of our documents.***

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may stop treatment.

My signature below shows that I understand and agree with all of these statements and am the custodial parent/guardian for this minor.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Printed Name of Parent/Guardian

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

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date

I have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date