



A division of Presbyterian Healthcare Services

## Parent/Guardian Consent Form

When two individuals share guardianship or joint legal custody of a child, both individuals are requested to acknowledge their agreement and permission for the child to participate in short-term, solutions focused counseling at The Solutions Group Employee Assistance Program.

Because counseling is based on a trusting relationship between counselor and client, the counselor will keep information shared by your child confidential except in certain situations in which an ethical responsibility limits confidentiality. You, and/or proper child protective authorities will be notified if either of the following circumstances occurs:

1. Your child reveals information about hurting himself/herself or another person.
2. Your child reveals information that he/she has experienced physical and/or sexual abuse.

By signing this form, we acknowledge our agreement and consent for our child, \_\_\_\_\_, to participate in counseling. We understand that the information our child reveals in counseling will be kept confidential except in the above-mentioned circumstances.

Parent/Guardian/Joint Legal Custodian printed name: \_\_\_\_\_

Parent/Guardian/Joint Legal Custodian signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Parent/Guardian/Joint Legal Custodian printed name: \_\_\_\_\_

Parent/Guardian/Joint Legal Custodian signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

***This consent may be revoked at any time.***

**Please call your child's assigned counselor if you have questions or comments, 505-254-3555.**

**Please return signed form to [eap@phs.org](mailto:eap@phs.org)**