

Karen Nam, LCSW (OR # L5719)

15100 Boones Ferry Road ■ Lake Oswego, OR 97035

925.222.1568

Consent for Treatment of a Minor

I _____ parent or legal guardian of _____
(Parent/Guardian) (Name of Minor/Client)

give permission & consent for the minor stated above, to be evaluated & treated in psychotherapy/counseling by Karen Nam, LCSW (Licensed Clinical Social Worker; L#5719). I understand that for clinical purposes, the sessions will be confidential between the above mentioned therapist and the named minor. That is, the details of the conversations between the therapist and minor will not be discussed with the parent. The parent may contact this therapist at any time with information deemed to be important to the work with your child/adolescent (minor), but in many cases, answers to specific questions may not be provided due to confidentiality.

There are limits to confidentiality which include when a minor presents as an immediate danger to self or others or abuse is disclosed during treatment. In that case, the appropriate authorities are required to be contacted in order to protect the safety of those concerned.

Parent/Legal Guardian Signature Date _____

Date _____

Parent/Legal Guardian Signature