

**Dr. Andy Brown, LPC**  
**Consent to Treat a Minor**

Dear Parents or Guardians:

Welcome! I consider it a privilege to meet your family's counseling needs. During the first session, I will ask to speak with you to discuss goals, concerns and obtain a brief history of the client. Although each counselor has their own counseling style, parents or guardians are often asked to speak with me before or after each session to give an update on any issues. Feel free to bring with you any information you may think I might find helpful.

If shared custody exists, Dr. Andy Brown, LPC must be provided with full contact information for each parent/guardian and have a copy of the custody order/agreement by the second session.

Parents/guardians, please note that if a counselor is notified that anyone is in danger of harming themselves or someone else, you will be notified immediately. Parents/guardians are required to stay on the premises during each session.

By signing below, you give permission to Dr. Andy Brown, LPC to see your minor child for counseling.

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Child's Name (Print)

Date

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Parent/Guardian's Name (Print)

Date

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Parent/Guardian's Signature