



**STEPHANIE D. MILLER, MA**  
**LMFT, LPC, LCDC**  
Helping Individuals, Couples and Families Change and Grow

## **Consent for Treatment of Minor(s) and Others**

I \_\_\_\_\_ give my consent that **Stephanie D. Miller, MA, LMFT, LPC, LCDC** will be conducting psychotherapy with \_\_\_\_\_.

My relationship to the client (parent, uncle, etc.): \_\_\_\_\_

I was notified that the holder of the privilege is (parent, guardian, etc.) \_\_\_\_\_.

I was also notified that all material discussed during the psychotherapy sessions is confidential and can be released only with the permission of the holder of the privilege. I have been informed of the limitation to confidentiality in the Office Policies form, which I have read and signed.

In the case of a minor, special sensitivity may be required in releasing information about certain topics such as drugs and sex. I will accept **Stephanie D. Miller, MA, LMFT, LPC, LCDC's** judgment in regard to releasing or sharing information obtained during the course of psychotherapy with the minor that may endanger or jeopardize the client's wellbeing.

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date

_____	_____	_____	_____
Name (print)	Relationship	Signature	Date